

# Westwood Public Schools Wellness Curriculum Review 2010-2011



# Westwood Public Schools Wellness Curriculum Review 2010-2011

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# Wellness Curriculum Review

“Characteristics of Effective Health

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In March 2012, Westwood’s Pre-school through grade 12 review of the Wellness Department concluded and members of the Wellness Curriculum Review Committee presented recommendations to Superintendent John Antonucci and the Westwood School Committee. Review of the Pre-K-12 Wellness program took place as part of the scheduled Curriculum Review and Development Cycle employed by the Westwood Public Schools. The 20-member Wellness Curriculum Review Committee met for the first time on November 5, 2010 and continued to meet as an entire committee on a monthly basis until June 1, 2011. Members of the committee included: the Director of Curriculum Instruction and Professional Development; the K-12 Wellness Director, the Principal of the Deerfield School, four elementary Physical Education teachers, three middle school Physical Education teachers, one middle school Health teacher, two high school Wellness teachers, two elementary school nurses, one pre-school nurse, and four parent/community representatives.

The committee accepted as its primary responsibility an in-depth evaluation of Westwood’s current Pre-K-12 Wellness program. The program review concluded with a set of recommendations that will help guide program development towards the next step in the review cycle. The previous Wellness Curriculum cycle began in 2001 and ended in 2004. Prior to 2004, the Physical Education and Health Department’s curriculum had not been aligned with state or national standards and there were no district standards in place. The recommendations of the 2004 committee were divided into four categories: curriculum, professional development, communication, and facilities.

In November the 2010 Wellness Curriculum Review committee began its work with an examination of the status of the 2004 Wellness Committee Recommendations (See Appendix B Status of 2004 Recommendations). In December and January there were a series of presentations from the Wellness faculty outlining the status and highlights of each specific program in the Wellness Department- Elementary Physical Education, Thurston Middle School’s Health, Thurston Middle School’s Physical Education, Thurston Middle School’s Life Skills programs, and Westwood High School’s Wellness program.

In February the committee began to explore the key aspects and strengths of the Wellness Department (See Key Aspects and Strengths of the Wellness Department page 7). After examining the strengths of the department, the committee established a new mission statement (See page 5). In April, committee members visited school districts with exemplar Wellness programs: Lincoln-Sudbury High School, Sudbury, MA; Curtis Middle School Sudbury, MA; Watertown High School Watertown, MA; Holliston High School Holliston, MA; Millis Middle School, Millis, MA; Millis High School, Millis, MA.

In June the committee developed district recommendations that will guide program development at each of the three levels and three areas of Wellness (Physical Education, Health, and Family Consumer Science) based on current national standards. The Massachusetts Comprehensive Health Curriculum Frameworks (1999) were not used because they are in flux. The current MA Frameworks are being updated and will be released in the near future. The state organization, Massachusetts Association for Health, Physical Education, Recreation, and Dance (MAHPERD), reports that the state curriculum frameworks will be aligned with national standards for both Physical Education and Health. The Wellness Review recommendations of the Westwood Curriculum will be developed and implemented district wide over the next two years to reflect those changes at the state level.

## PreK-12 Wellness Review Committee 2010-2011

### **CENTRAL OFFICE**

Development

**Avalin Green,**  
Director of Curriculum, Instruction & Staff

### **DEERFIELD**

**Allan Cameron,** Principal  
**Judith Wine,** Director of Wellness  
**Tricia DeAngelis,** Nurse

### **DOWNEY**

**Tim Chant,** Physical Education  
**Ellen Nadeau,** Nurse

### **HANLON**

**Ellen Willey,** Physical Education

### **MARTHA JONES**

**Patrick Foley,** Physical Education

### **SHEEHAN**

**Jennifer Cook,** Physical Education

### **THURSTON MIDDLE SCHOOL**

**Michelle Hebner,** Physical Education  
**Peter Hochman,** Physical Education

**HIGH SCHOOL**

**Brian Whelan, Physical Education**  
**Kristina Wambolt, Health**

**Matthew Gillis, Wellness**  
**Susan Peters, Wellness**

**PRE-SCHOOL**

**Andrea Clifford, Nurse**

**PARENT/COMMUNITY  
MEMBERS**

**Hildi Arnold, Parent**  
**Maureen Erickson, Parent**  
**Aida Hamdan, Community volunteer**  
**Mary Jo Hogan, Parent**

# Mission Statement

**Wellness Department Mission Statement**

The mission of the Wellness Department is for all students to gain the knowledge and skills necessary to make life-long healthy choices that sustain a well-balanced lifestyle.

# GUIDING PRINCIPLES

There have been many changes since the last review in the fields of Physical Education, Health, and Family and Consumer Science. The greatest change has been the drive toward broad national standards and the move away from narrow content standards. In this approach students will learn the skills to be healthy and be prepared for the 21<sup>st</sup> century. These guiding principles reflect this new vision and mission for the Wellness Department.

## PHYSICAL EDUCATION GUIDING PRINCIPLES

National Association for Physical Education (NASPE) Guidelines for Physical Education programs offer the best opportunity to provide physical activity to all children and teach them the skills and knowledge needed to establish and sustain an active lifestyle. Physical education teachers assess student knowledge, motor and social skills, and provide instruction

in a safe, supportive environment (See Appendix G: NASPE Appropriate Instructions Practice Guidelines; K-12: A Side-by-Side Comparison).

## HEALTH GUIDING PRINCIPLES

The Center of Disease Control and Prevention has identified guidelines for effective Health programs (See Appendix H: CDC Characteristics of Effective Health Education Guidelines). Topics include:

- Teaching functional health information (essential knowledge)
- Shaping personal values and beliefs that support healthy behaviors
- Shaping group norms that value a healthy lifestyle
- Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors

## FAMILY AND CONSUMER SCIENCE GUIDING PRINCIPLES

The Wellness Review Committee has developed these guidelines for effective programs from the American Association of Family and Consumer Science resources. Family and consumer science is the comprehensive body of skills, research, and knowledge that helps people make informed decisions about their relationships to family, and resources to achieve optimal quality of life. The field represents many areas including personal and family finance, consumer issues, food science, nutrition, and wellness.

## KEY ASPECTS & STRENGTHS OF THE WELLNESS PROGRAM 2010-2011

The Wellness Department has a team of passionate and dedicated teachers who are certified in their fields and are highly competent. The Wellness Department consists of three components - Physical Education, Health, and Family and Consumer Science; at all levels the units are aligned to the national, state, and district standards and units are developmentally appropriate. Students have access to a wide variety of opportunities to build skills necessary to make life-long healthy choices that sustain a well-balanced lifestyle.

### **Physical Education**

The elementary Physical Education program is experiential and movement based with an emphasis on skill development in the five areas of movement: Manipulative Skills (Ball skills), Non-Manipulative Skills (Gymnastics and Dance skills), Fitness Skills, Locomotor Skills (Skipping, galloping etc.), and Social Skills. Units are in-depth and vary from approximately 6-12 lessons with ample opportunities are provided for skill development. The skills developed in elementary school provide the foundation for movement at the middle and high school levels. On average students attend Physical Education only once per week, which presents challenges to meet state and national standards.

The middle school Physical Education program is well rounded. The emphasis continues on skill development and allows multiple opportunities for students to work cooperatively in games and creative situations at both individual and team activities. There are several units that are core to the middle school curriculum that allow students to grow by expanding game strategies, game play, and skill development. Some examples of units taught: Handball, Creative Line Dance, Fitness, and Badminton. The faculty creates conducive environments for students to take safe risks that contribute to self-confidence and increase skill development. On average most students attend Physical Education every other day for a full year.

### **Health**

Health is taught in the 7<sup>th</sup> and 8<sup>th</sup> grades for one term (45 days). The units and lessons are engaging and provide students with the knowledge and skills necessary to make healthy choices. Students learn the importance of having a well-balanced lifestyle in the following areas of personal wellness: social, emotional, spiritual, intellectual, occupational/leisure, and physical. Some examples of units taught: Being Successful, Decision and Goals, and Substance Abuse Awareness.

### **Culinary Arts and Consumer Education**

Culinary Arts and Consumer Education (CACE), formerly known as Life Skills, has been re-named and designed to reflect national standards and trends. In CACE, students acquire the skills to plan and prepare nutritious meals. They learn the importance of good nutrition in their overall wellness plan. In addition to understanding how to use food groups to plan a healthy diet, students have the opportunity to experience working in the foods lab (kitchen) to prepare many dishes. Emphasis is be placed on working in a safe, efficient and organized manner to prepare a variety of dishes from around the world. Students also learn the skills to become savvy consumers who know how to use their resources wisely. Some examples of units taught: Nutrition-Eat Smart, Safe and Healthy Food Preparation-Get to Know the Basics, and Consumer Education and Resource Management- Be a savvy consumer.

### **Wellness**

Wellness is a program that integrates both Physical Education and Health. This course is taught in the 9<sup>th</sup> and 10<sup>th</sup> grades for one semester. The thematic focus in the 9<sup>th</sup> grade Wellness I class emphasizes personal and social responsibility. Students learn how to assess



their physical, social, emotional, ethical, and intellectual well-being and learn strategies to make healthy choices. The thematic focus in the 10<sup>th</sup> grade Wellness II class builds on concepts and knowledge learned in Wellness I and is designed to encourage students to examine and assess the positive and negative risks and consequences they face as young adults as related to their social, emotional, and physical health. The limited time in the Wellness courses presents challenges to meeting state and national standards.

# KEY RECOMMENDATIONS

1. Ensure that the curriculum is aligned with the national standards and state standards.
2. Ensure a clear continuum of core units and spiraling concepts.
3. Continue to develop common assessments focused on power standards at each grade level.
4. Continue to develop the “Games for Understanding” model at the elementary and middle school level, rather than teach skills in isolation.
5. Continue to increase opportunities for alternative movement experiences that promote lifelong fitness (e.g. outdoor pursuits, fencing, archery, golf).
6. Investigate research-based curricula for sexuality and reproduction that use the “skill based health education model” for adoption at the middle school and high school level.
7. Develop our capacity to provide adaptive physical education.
8. Review and revise elementary 2<sup>nd</sup> grade disabilities awareness program (“Same and Different Like Me”).
9. Explore the use of technology as a tool for formative and summative assessments.
10. Develop elective opportunities for high school students.
11. Explore options for increasing time on learning so that we can adequately address the standards.

(See Appendix A: Detailed Recommendations page 11 )

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**Appendix A**  
**Detailed Recommendations**  
**Physical Education**

# DETAILED RECOMMENDATIONS

## PHYSICAL EDUCATION

There have been considerable changes since the last Wellness Review in 2001. In light of these changes, our recommendations were guided by the following guiding principles from the National Association of Physical Education (NASPE) Appropriate Instruction Guidelines. These guidelines are clear and specific and articulate what constitutes quality physical education programs (See Appendix E).

### 1) CURRICULUM

Productive Motor Skill Learning Experiences		
Best Practice	Current Practice	Recommendation
1.0 The physical education curriculum has an obvious scope and sequence, based on goals and objectives that are appropriate for all students and that are derived from national or state standards.	All levels use curriculum that have a scope and sequence based on goals, objectives that are appropriate for all students and that are derived from national and state standards.	<ul style="list-style-type: none"> <li>• Create a scope and sequence that spans K-12<sup>th</sup> grades.</li> <li>• Develop performance outcomes K-12.</li> <li>• Integrate movement concepts, language, and philosophy into all physical education classes K-12.</li> <li>• Continue to incorporate and explore “Games for Understanding” model 4<sup>th</sup>-8<sup>th</sup> grades.</li> <li>• Continue to increase opportunities for alternative movement experiences that promote lifelong fitness (e.g. outdoor pursuits,</li> </ul>

		fencing, archery, golf).
1.1 Physical education classes and athletic practices are clearly distinct.	In grades 11 and 12, athletics or independent exercise is substituted for Physical Education.	<ul style="list-style-type: none"> <li>• Create electives for high school students</li> <li>• Health elective course designed to help seniors prepare for college and beyond as related to healthy decisions and choices.</li> <li>• Physical Education elective course focused on alternative activities such as fencing, archery.</li> </ul>

## Appendix A

### Detailed Recommendations

### Physical Education

#### 2.0 ASSESSMENT

Assessment Use		
Best Practice	Current Practice	Recommendation
2.0 Formative and summative assessments constitute ongoing and integral parts of the learning process for all students, including those with disabilities	Summative assessments are used widely at all levels for all students, including those with disabilities. Formative assessments are not consistently an ongoing and integral part of the learning process at all levels.	<ul style="list-style-type: none"> <li>• Develop common assessment (formative and summative) based on national and state standards.</li> <li>• Explore best practices and methods for assessing students by attending workshops and reading current literature.</li> <li>• Identify specific motor skills/benchmarks to be uniformly assessed by grade level district-wide.</li> </ul>

Program Assessment		
Best Practice	Current Practice	Recommendation
2.1 Data on student achievement are used to evaluate program effectiveness on a regular	Teachers have just begun to analyze student achievement in Professional Learning Communities.	<ul style="list-style-type: none"> <li>• Teachers will continue to analyze student achievement to help inform learning.</li> </ul>

basis		<ul style="list-style-type: none"> <li>Formulate a student feedback system to implement across grade levels.</li> </ul>
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**Appendix A**  
**Detailed Recommendations**  
**Physical Education**

**3) PROFESSIONALISM**

Professional Development		
Best Practice	Current Practice	Recommendation
3.0 The teacher continually seeks new information to stay current (e.g., reads journals, attends conferences and in-service)	Teachers are current with their certifications. Attendance at the state and national conferences has been inconsistent among the faculty.	<ul style="list-style-type: none"> <li>Provide training for middle school and high school teachers understand the elementary movement framework and integrate the movement language into the 6-12<sup>th</sup> curriculum.</li> <li>Continue to provide professional development for elementary and middle school staff on the teaching approach called, “Games for Understanding.”</li> <li>Provide professional development in the area</li> </ul>

		of Adapted Physical Education K-12. <ul style="list-style-type: none"> <li>• Provide training to middle school teachers in the unit of snowshoeing.</li> <li>• Provide training to high school teachers in the units of archery and fencing.</li> <li>• Attend state and national conferences to stay current within the field.</li> </ul>
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## Appendix A

### Detailed Recommendations

### Physical Education

#### 4) LEARNING ENVIRONMENT

Diversity		
Best Practice	Current Practice	Recommendation
4.0 Teachers create an environment that is inclusive and supportive of all children, regardless of race, ethnic origin, gender, sexual orientation, religion or physical ability. Such differences are acknowledged, appreciated and respected.	Children are included and supported regardless of their race, ethnic origin, gender, sexual orientation, religion, or physical ability. Differences currently are acknowledged and appreciated. Physical Educators adapt skills and curriculum to the best of their ability to service all children.	<ul style="list-style-type: none"> <li>• Continue to promote and acknowledge diversity at all levels as a district.</li> <li>• Develop and implement an Adapted Physical Education program K-12.</li> </ul>

## 5) INSTRUCTION STRATEGIES

Technology Use		
Best Practice	Current Practice	Recommendation
5.0 The teacher includes technology to enhance the lesson's effectiveness (e.g., quantifying activity with pedometers).	Technology is used differently at all three levels; Some teachers are quite adept and comfortable with technology and it is used widely in their gyms and others are not.	<ul style="list-style-type: none"><li>• Identify technologies that can assist with the assessments; hand held devices that record assessment data and provide training for teachers.</li><li>• Access and utilize the technology within the school district; pedometers and heart rate monitors.</li></ul>

## Appendix A Detailed Recommendations Health

### HEALTH CURRICULUM RECOMMENDATIONS

The Health curriculum recommendations were based on the Center for Disease Control and Prevention's "Characteristics of an Effective Health Education Curriculum" (See Appendix H page 38)



## 1) CURRICULUM

EFFECTIVE CURRICULUM		
Guiding Principle	Current Practice	Recommendation
<p><b>1.0 Provides opportunities to reinforce skills and positive health behaviors.</b> An effective curriculum builds on previously learned concepts and skills and provides opportunities to reinforce health-promoting skills across health topics and grade levels. This can include incorporating more than one practice application of a skill, adding "skill booster" sessions at subsequent grade levels, or integrating skill application opportunities in other academic areas. A curriculum that addresses age-appropriate determinants of behavior across grade levels and reinforces and builds on learning is more likely to achieve longer-lasting results.</p>	<p>Our curriculum provides opportunities to reinforce skills and positive health behaviors. It also is age-appropriate across grade levels from 7<sup>th</sup> to 8<sup>th</sup> grades and from 9<sup>th</sup> to 10<sup>th</sup> grades.</p>	<ul style="list-style-type: none"> <li>• Develop obvious scope and sequence on goals and objectives that are derived from the national and state standards K-12.</li> <li>• Provide Professional Learning Communities for health teachers to collaborate and assess student work as an on-going and integral process with same subject colleagues.</li> <li>• Remove the unit of Nutrition from the Health course and add it to the new Culinary Arts and Consumer Education Curriculum (CACE). (See also page 21 for Family and Consumer Science recommendations)</li> </ul>

## Appendix A

### Detailed Recommendations

### Health

## 1) CURRICULUM

EFFECTIVE CURRICULUM		
Guiding Principle	Current Practice	Recommendation
<p><b>1.1 Builds personal competence, social competence, and self-efficacy by addressing skills.</b> An effective curriculum builds essential skills including communication, refusal, assessing accuracy of information, decision-making, planning and goal-setting, self-control, and self-management that enable students to build their personal confidence, deal with social pressures, and avoid or reduce risk behaviors.</p> <p>For each skill, students are guided through a series of developmental steps:</p> <ol style="list-style-type: none"> <li>Discussing the importance of the skill, its relevance, and relationship to other learned skills.</li> <li>Presenting steps for developing the skill.</li> <li>Modeling the skill.</li> <li>Practicing and rehearsing the skill using real life scenarios.</li> </ol> <p>Providing feedback and reinforcement.</p>	<p>The current program is a content-based program and not a skill based program.</p>	<ul style="list-style-type: none"> <li>Investigate, explore, and adopt the skill based health education model based on national standards.</li> </ul>

**Appendix A**  
**Detailed Recommendations**  
**Health**

**1) CURRICULUM**

<b>EFFECTIVE CURRICULUM</b>		
<b>Guiding Principle</b>	<b>Current Practice</b>	<b>Recommendation</b>
<p><b>1.2 Is research-based and theory-driven.</b> An effective curriculum has instructional strategies and learning experiences built on theoretical approaches (for example, social cognitive theory and social inoculation theory) that have effectively influenced health-related behaviors among youth. The most promising curriculum goes beyond the cognitive level and addresses health determinants, social factors, attitudes, values, norms, and skills that influence specific health-related behaviors.</p>	<p>The curriculum is based on both national and state standards that have clear health-related goals and behavioral outcomes. Instructional strategies and learning experience are directly related to the behavioral outcomes. However, there are no research-based programs currently being utilized in the Health program K-12.</p>	<p><b>Elementary:</b></p> <ul style="list-style-type: none"> <li>Implement effective research-based curriculum that allows sustained and in-depth units for students to understand key health concepts and practice skills.</li> </ul> <p><b>Middle School:</b></p> <ul style="list-style-type: none"> <li>Implement an effective research-based curriculum that allows sustained and in-depth units for students to understand key health concepts and practice skills in the following areas: Bullying Prevention and Reproduction and Sexuality</li> <li>Implement and evaluate the effectiveness of the “2<sup>nd</sup> Step Program” into the Health course during the 2011-2012 school year- “2<sup>nd</sup> Step” is a social competency and anti-bullying prevention program.</li> </ul> <p><b>High School:</b></p> <ul style="list-style-type: none"> <li>Implement an effective research-based curriculum that allows sustained and in-depth</li> </ul>

		units for students to understand key health concepts and practice skills in the following areas: Bullying Prevention and Reproduction and Sexuality.
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## Appendix A

### Detailed Recommendations

#### Health

#### 1) CURRICULUM

EFFECTIVE CURRICULUM		
Guiding Principle	Current Practice	Recommendation
<b>1.3 Provides adequate time for instruction and learning.</b> An effective curriculum provides enough time to promote understanding of key health concepts and practice skills. Behavior change requires an intensive and sustained effort. A short-term or “one shot” curriculum, delivered for a few hours at one grade level, is generally insufficient to support the adoption and maintenance of healthy behaviors.	<b>Elementary:</b> “One shot” or short term programs exist: <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> grade disability awareness program- “Same and Different Like Me”</li> <li>• 3<sup>rd</sup> grade- “Body Safety”- safe touch program</li> <li>• 5<sup>th</sup> grade- “Our Changing Bodies”- puberty program</li> </ul>	<ul style="list-style-type: none"> <li>• Implement effective research-based curriculum that allows sustained and in-depth units for students to understand key health concepts and practice skills in a timely manner during the course of the school year.</li> <li>• Explore options to create opportunities to teach health at the elementary schools.</li> <li>• Review and revise the elementary 2<sup>nd</sup> grade disability awareness program and implement as a part of the core curriculum</li> </ul>

	<p><b>Middle School:</b> In Thurston Middle School, the Health program exists in the 7<sup>th</sup> and 8<sup>th</sup> grades. The course is one term and meets everyday for 45 days.</p> <p>The curriculum is based on both national and state standards that have clear health-related goals and behavioral outcomes. Instructional strategies and learning experience are directly related to the behavioral outcomes. Due to the lack of contact with students, it is impossible to teach all of the required standards.</p>	<ul style="list-style-type: none"> <li>• Increase Health course to a semester long course in the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades.</li> <li>• Develop the program to include 6<sup>th</sup> grade health.</li> </ul>
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## Appendix A

### Detailed Recommendations

#### Health

#### CURRICULUM

EFFECTIVE CURRICULUM		
Guiding Principle	Current Practice	Recommendation
<p><b>1.3 Provides adequate time for instruction and learning.</b> An effective curriculum provides enough time to promote understanding of key health concepts and practice skills. Behavior change requires an intensive and sustained effort. A short-term or “one shot” curriculum, delivered for a few hours at one grade level, is generally insufficient to support the adoption and maintenance of healthy</p>	<p><b>High School:</b> In Westwood, the Wellness program combines both Health and Physical Education into one semester long class. The program exists in the 9<sup>th</sup> and 10<sup>th</sup> grades. The course is one semester long and meets for 90 days.</p> <p>The curriculum is based on both national and state standards that have clear health-related goals and behavioral outcomes. Instructional strategies and</p>	<ul style="list-style-type: none"> <li>• Increase contact time with students to year long course.</li> <li>• Develop electives for the Wellness Program at the high school</li> </ul>

behaviors.	learning experience are directly related to the behavioral outcomes. Due to the lack of contact with students, it is impossible to teach all of the required standards.	
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## 1) CURRICULUM

TECHNOLOGY		
Guiding Principles	Current Practice	Recommendation
<p><b>1.4</b> Teachers use technology to increase motivation and confidence in students and to differentiate instruction to meet individual student needs.</p> <p><b>1.5</b> Teachers incorporate digital literacies into the Health and Wellness curricula to engage students and develop skills.</p>	Technology is integrated into the curriculum on a regular basis.	<ul style="list-style-type: none"> <li>Continue to explore technology that will support curriculum.</li> </ul>

## Appendix A

### Detailed Recommendations

### Health

## 2) PROFESSIONALISM

PROFESSIONAL DEVELOPMENT		
Guiding Principles	Current Practice	Recommendation
<p><b>2.0</b> Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning. An effective curriculum is implemented by teachers who</p>	<p>Professional development has focused on district and department goals for health educators on the topics of:</p> <ul style="list-style-type: none"> <li>CPR Training</li> <li>Curriculum Writing: Understand by Design</li> <li>Curriculum Mapping</li> </ul>	<ul style="list-style-type: none"> <li>Provide opportunities for health teachers to collaborate to develop obvious scope and sequence on goals and objectives that are derived from the national and state standards K-12.</li> </ul>

<p>have a personal interest in promoting positive health behaviors, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies. Ongoing professional development and training is critical for helping teachers implement a new curriculum or implement strategies that require new skills in teaching or assessment.</p>	<ul style="list-style-type: none"> <li>• Advocacy and Promotion</li> <li>• Collaborating with job alike colleagues from TEC to discuss “best practices” in the health field</li> </ul>	<ul style="list-style-type: none"> <li>• Provide professional development and training to help teachers implement curriculum and implement strategies that require new skills in teaching and assessment.</li> </ul>
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## **Appendix A** **Detailed Recommendations** **Family and Consumer Science**

### **FAMILY AND CONSUMER SCIENCE CURRICULUM RECOMMENDATIONS**

The Family and Consumer Science curriculum recommendations were based on the “Expectation Statements for the National Standards for Teachers of Family and Consumer Sciences” (See Page 36)

## CURRICULUM

CURRICULUM DEVELOPMENT		
Guiding Principle	Current Practice	Recommendation
<p>Develop, justify, and implement curricula that address perennial and evolving family, career, and community issues; reflect the integrative nature of family and consumer sciences; and integrate core academic areas.</p> <ul style="list-style-type: none"> <li>• Develop and justify curricular choices that meet the needs of all learners.</li> <li>• Implement curricula that address recurring concerns and evolving family, consumer, career, and community issues.</li> <li>• Design curricula that reflect the integrative nature of family and consumer sciences content.</li> <li>• Integrate family and consumer sciences content and grade level core academic standards.</li> </ul>	<p>The Life Skills middle school program exists in the 7<sup>th</sup> and 8<sup>th</sup> grades. The course is one term and meets everyday for 45 days. In the 7<sup>th</sup> grade, students focus on culinary skills: Basic cooking skills. In the 8<sup>th</sup> grade, students focus on the textile skills of sewing.</p>	<ul style="list-style-type: none"> <li>• Develop obvious scope and sequence on goals and objectives that are derived from the national and state standards K-12 for Family and Consumer Science.</li> <li>• Develop expectations through various strategies (e.g., goal-setting, teacher monitoring, assessment and evaluation)</li> <li>• Eliminate the textile (sewing) portion of the program.</li> <li>• Re-name the course- Culinary Arts and Consumer Education (CACE)</li> <li>• Implement new curriculum in the 2011-2012 school year.</li> <li>• Remove the unit of Nutrition from the Health course and implement into the CACE curriculum.</li> <li>• Provide opportunities for the Professional Learning Communities for the CACE teacher to collaborate with job alike teachers through TEC.</li> </ul>

## Appendix A Detailed Recommendations



## Family and Consumer Science

CURRICULUM		
Guiding Principle	Current Practice	Recommendation
Technology and equipment support program objectives and goals.	Minimal technology is utilized in the Life Skills course.	<ul style="list-style-type: none"><li>• Explore and identify technology and equipment that will support the overall goals and objectives of the curriculum.</li></ul>

**Appendix B:**  
**Status of 2004 Curriculum Review Recommendations**

**I Curriculum:**

<b>2004 Recommendation</b>	<b>2004 Status</b>	<b>Current Status</b>
<b>1.</b> Develop and write curricula aligned with Massachusetts Comprehensive Health Curriculum Frameworks, the National Association for Physical Education Standards and Benchmarks, and the National Family and Consumer Science Frameworks.	In progress	Complete
<b>2.</b> Develop units and assessments K-10th grades	In progress	Complete
<b>3.</b> Provide Physical Education for K-12	Future Action	Incomplete
<b>4.</b> Provide Life Skills and Health to grades 6th-8th grades.	Future Action	Incomplete
<b>5.</b> Provide certified Health teacher to deliver the Health Programs at all levels	Future Action	Incomplete
<b>6.</b> Incorporate departments of Physical Education, Health, and Life Skills into the Wellness department	Future Action	Complete
* Recommendations #3, 4, and 5 were labeled as “Future Action” and have not been completed due to budgetary decisions.		

**II Professional Development**

<b>2004 Recommendation</b>	<b>2004 Status</b>	<b>Current Status</b>
<b>2003-2004</b> <ul style="list-style-type: none"> <li>• CPR Training</li> <li>• Adaptive Physical Education</li> <li>• Curriculum Writing: Understand by Design</li> <li>• Curriculum Mapping</li> <li>• Ballroom dancing</li> <li>• Advocacy and Promotion</li> <li>• Project Adventure</li> </ul>	In progress	Complete
<b>Long Term Professional Development</b> <ul style="list-style-type: none"> <li>• Curriculum Assessment</li> <li>• Eating Disorders/Body Image/Steroids</li> <li>• Asthma</li> <li>• First Aid Training</li> <li>• Cooking and Sewing Techniques</li> </ul>	Future Action	Complete Incomplete Incomplete Incomplete Incomplete

### III Communication

2004 Recommendation	2004 Status	Current Status
<b>1. Advocated and promote programs</b> <ul style="list-style-type: none"> <li>• Newsletters</li> <li>• Elementary Physical Education parent visitations</li> <li>• Implement Westwood Educational Foundation Grants (Dancer-in-Residence) and (Yoga-in-Residence)</li> <li>• Create department web page</li> </ul>	In progress	Complete

### IV Facilities

2004 Recommendation	2004 Status	Current Status
<b>Elementary</b> <ol style="list-style-type: none"> <li>1. Purchase elementary gymnastics equipment</li> <li>2. Purchase elementary outdoor pursuits equipment</li> </ol>	In progress Future Action	Complete Incomplete
<b>Thurston Middle School</b> <ol style="list-style-type: none"> <li>1. Purchase low rope course</li> <li>2. Outdoor climbing wall</li> <li>3. Outdoor pursuit equipment</li> <li>4. Overlock machine</li> <li>5. Demonstration mirror</li> </ol>	Future Action	Incomplete Incomplete Incomplete Incomplete Incomplete
<b>Westwood High School</b> <ol style="list-style-type: none"> <li>1. Purchase high ropes course</li> <li>2. Climbing wall</li> <li>3. Outdoor pursuit equipment</li> <li>4. Heart rate monitors</li> <li>5. Software to develop personal fitness plans</li> </ol>	Future Action	Incomplete Incomplete Incomplete Complete Incomplete

## **Appendix C**

### **Summary of the Wellness Review Sub-Committee Report on School Visitations 2010-2011**

#### **Summary of the Wellness Review Sub-Committee Report on School Visitations 2010-2011**

**Millis Public Schools: Millis Middle and High Schools:** is a small suburban middle and high school with a population of approximately 748 students. The Westwood team heard about the innovative use of Heart Rate Monitors (HRM) being utilized in Millis. The team met with Scott Kendrick, a Physical Education teacher to learn more their program. The emphasis of the program is to get students exercising and fit. Millis uses HRM's to measure students' heart rate and heart rate zones during each Physical Education class and uses this objective data to help formulate students' grades.

**Watertown High School** is a suburban town outside of Boston with a school district slightly smaller than Westwood's. Watertown Public Schools was the recipient of the Carol M. White federal grant and the subcommittee was intrigued to see how the grant had transformed their program. The team met with Donna Rusekas, the Wellness Coordinator. In Watertown, the students used their fitness center on a regular basis throughout the semester during all their units on an every other day basis. Their curriculum is varied with activities such as invasion games, game creation, Project Adventure, and fencing. Students are required to take Physical Education in grades 9-10 and students in the 11<sup>th</sup> grade can take Physical Education electives. Their Physical Education and Health courses are separate.

**Ephraim Curtis Middle School** is located in Sudbury with approximately 1,075 students. Sudbury Schools are K-8<sup>th</sup> grades. We met with Betsy Grams who informed us about their varied health and wellness program.

**Lincoln-Sudbury High School** is suburban school located in Sudbury with approximately 1,622 students. We met with Susan Shields, the Director of Wellness. At LSRHS students are required to take Wellness in grades 9<sup>th</sup>-11<sup>th</sup>. There are both required and elective courses within the Wellness Department. Some of the courses are: Project Adventure, Outdoor Pursuits, Territorial Games, Muscle fitness, Introduction to Wellness, CPR, Health Issues,

and Cardiovascular Fitness.

**Holliston High School** is a suburban school outside of Boston with approximately 978 students. We met with Susan Bradbury, the Wellness Coordinator, and Glen D’Avanzo, Physical Education teacher. At Holliston High School, they have adopted the innovative fitness program called, “Cross Fit.” We had the opportunity to observe several Cross Fit classes in action and were impressed with the student participation and commitment.

## **Appendix D**

### **National Standards**

### **Physical Education**

#### **NATIONAL PHYSICAL EDUCATION STANDARDS**

#### **AAAPHERD National Association of Sports Physical Education**

**Standard 1:** Demonstrates competency in motor skills & movement patterns needed to perform a variety of physical activities.

**Standard 2:** Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning & performance of physical activity.

**Standard 4:** Achieves and maintains a health-enhancing level of physical fitness.

**Standard 5:** Exhibits responsible personal and social behavior that respects self and others in physical activity settings.

**Standard 6:** Values physical activity for health, enjoyment, challenge, self expression, and/or social interaction.

## Appendix E

### National Standards

### Health

#### NATIONAL HEALTH EDUCATION STANDARDS

#### Center for Disease Control and Prevention

##### Standard 1

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

**Rationale:** The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the performance indicators.

##### Performance Indicators\*

##### Pre-K-Grade 2

- |       |   |
|-------|---|
| 1.2.1 | Identify that healthy behaviors impact personal health. |
| 1.2.2 | Recognize that there are multiple dimensions of health. |
| 1.2.3 | Describe ways to prevent communicable diseases.         |

- 1.2.4 List ways to prevent common childhood injuries.
- 1.2.5 Describe why it is important to seek health care.

#### Grades 3-5

- 1.5.1 Describe the relationship between healthy behaviors and personal health.
- 1.5.2 Identify examples of emotional, intellectual, physical, and social health.
- 1.5.3 Describe ways in which safe and healthy school and community environments can promote personal health.
- 1.5.4 Describe ways to prevent common childhood injuries and health problems.
- 1.5.5 Describe when it is important to seek health care.

#### Grades 6-8

- 1.8.1 Analyze the relationship between healthy behaviors and personal health.
- 1.8.2 Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.
- 1.8.3 Analyze how the environment affects personal health.
- 1.8.4 Describe how family history can affect personal health.
- 1.8.5 Describe ways to reduce or prevent injuries and other adolescent health problems.
- 1.8.6 Explain how appropriate health care can promote personal health.
- 1.8.7 Describe the benefits of and barriers to practicing healthy behaviors.
- 1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.

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- 1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.

#### Grades 9-12

- 1.12.1 Predict how healthy behaviors can affect health status.
- 1.12.2 Describe the interrelationships of emotional, intellectual, physical, and social health.
- 1.12.3 Analyze how environment and personal health are interrelated.
- 1.12.4 Analyze how genetics and family history can impact personal health.
- 1.12.5 Propose ways to reduce or prevent injuries and health problems.

- 1.12.6 Analyze the relationship between access to health care and health status.
- 1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- 1.12.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- 1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

## Standard 2

Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

**Rationale:** Health is affected by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth, including personal values, beliefs, and perceived norms.

### Performance Indicators\*

#### Pre-K-Grade 2

- 2.2.1 Identify how the family influences personal health practices and behaviors.
- 2.2.2 Identify what the school can do to support personal health practices and behaviors.
- 2.2.3 Describe how the media can influence health behaviors.

#### Grades 3-5

- 2.5.1 Describe how family influences personal health practices and behaviors.
- 2.5.2 Identify the influence of culture on health practices and behaviors.
- 2.5.3 Identify how peers can influence healthy and unhealthy behaviors
- 2.5.4 Describe how the school and community can support personal health practices and behaviors.
- 2.5.5 Explain how media influences thoughts, feelings, and health behaviors.
- 2.5.6 Describe ways that technology can influence personal health.

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#### Grades 6-8

- 2.8.1 Examine how the family influences the health of adolescents.
- 2.8.2 Describe the influence of culture on health beliefs, practices, and behaviors.
- 2.8.3 Describe how peers influence healthy and unhealthy behaviors.



- 2.8.4 Analyze how the school and community can affect personal health practices and behaviors.
- 2.8.5 Analyze how messages from media influence health behaviors.
- 2.8.6 Analyze the influence of technology on personal and family health.
- 2.8.7 Explain how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.8.8 Explain the influence of personal values and beliefs on individual health practices and behaviors.
- 2.8.9 Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.8.10 Explain how school and public health policies can influence health promotion and disease prevention.

### Grades 9-12

- 2.12.1 Analyze how the family influences the health of individuals.
- 2.12.2 Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
- 2.12.3 Analyze how peers influence healthy and unhealthy behaviors.
- 2.12.4 Evaluate how the school and community can affect personal health practice and behaviors.
- 2.12.5 Evaluate the effect of media on personal and family health.
- 2.12.6 Evaluate the impact of technology on personal, family, and community health.
- 2.12.7 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.12.8 Analyze the influence of personal values and beliefs on individual health practices and behaviors.
- 2.12.9 Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.12.10 Analyze how public health policies and government regulations can influence health promotion and disease prevention.

### Standard 3

Students will demonstrate the ability to access valid information, products, and services to enhance health.

**Rationale:** Access to valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health resources and to reject unproven sources. Application of the skills of analysis, comparison, and evaluation of health resources empowers students to achieve health literacy.

### **Performance Indicators\***

## **Appendix E**

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## Health

### Pre-K-Grade 2

- 3.2.1 Identify trusted adults and professionals who can help promote health.
- 3.2.2 Identify ways to locate school and community health helpers.

### Grades 3-5

- 3.5.1 Identify characteristics of valid health information, products, and services.
- 3.5.2 Locate resources from home, school, and community that provide valid health information.

### Grades 6-8

- 3.8.1 Analyze the validity of health information, products, and services.
- 3.8.2 Access valid health information from home, school, and community.
- 3.8.3 Determine the accessibility of products that enhance health.
- 3.8.4 Describe situations that may require professional health services.
- 3.8.5 Locate valid and reliable health products and services.

### Grades 9-12

- 3.12.1 Evaluate the validity of health information, products, and services.
- 3.12.2 Use resources from home, school, and community that provide valid health information.
- 3.12.3 Determine the accessibility of products and services that enhance health.
- 3.12.4 Determine when professional health services may be required.
- 3.12.5 Access valid and reliable health products and services.

#### Standard 4

Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

**Rationale:** Effective communication enhances personal, family, and community health. This standard focuses on how responsible individuals use verbal and non-verbal skills to develop and maintain healthy personal relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

#### Performance Indicators\*

### Pre-K-Grade 2

- 4.2.1 Demonstrate healthy ways to express needs, wants, and feelings.

- 4.2.2 Demonstrate listening skills to enhance health.
- 4.2.3 Demonstrate ways to respond in an unwanted, threatening, or dangerous situation.

## **Appendix E**

### **National Standards**

#### **Health**

- 4.2.4 Demonstrate ways to tell a trusted adult if threatened or harmed.

#### **Grades 3-5**

- 4.5.1 Demonstrate effective verbal and nonverbal communication skills to enhance health.
- 4.5.2 Demonstrate refusal skills that avoid or reduce health risks.
- 4.5.3 Demonstrate nonviolent strategies to manage or resolve conflict.
- 4.5.4 Demonstrate how to ask for assistance to enhance personal health.

#### **Grades 6-8**

- 4.8.1 Apply effective verbal and nonverbal communication skills to enhance health.
- 4.8.2 Demonstrate refusal and negotiation skills that avoid or reduce health risks.
- 4.8.3 Demonstrate effective conflict management or resolution strategies.
- 4.8.4 Demonstrate how to ask for assistance to enhance the health of self and others.

#### **Grades 9-12**

- 4.12.1 Use skills for communicating effectively with family, peers, and others to enhance health.
- 4.12.2 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- 4.12.3 Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
- 4.12.4 Demonstrate how to ask for and offer assistance to enhance the health of self and others.

#### **Standard 5**

Students will demonstrate the ability to use decision-making skills to enhance health.

**Rationale:** Decision-making skills are needed to identify, implement, and sustain health-enhancing behaviors. This standard includes the essential steps that are needed to make healthy decisions as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

#### **Performance Indicators\***

### **Pre-K-Grade 2**

- 5.2.1 Identify situations when a health-related decision is needed.
- 5.2.2 Differentiate between situations when a health-related decision can be made individually or when assistance is needed.

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### **National Standards**

#### **Health**

### **Grades 3-5**

- 5.5.1 Identify health-related situations that might require a thoughtful decision.
- 5.5.2 Analyze when assistance is needed in making a health-related decision.
- 5.5.3 List healthy options to health-related issues or problems.
- 5.5.4 Predict the potential outcomes of each option when making a health-related decision.
- 5.5.5 Choose a healthy option when making a decision.
- 5.5.6 Describe the outcomes of a health-related decision.

### **Grades 6-8**

- 5.8.1 Identify circumstances that can help or hinder healthy decision making.
- 5.8.2 Determine when health-related situations require the application of a thoughtful decision-making process.
- 5.8.3 Distinguish when individual or collaborative decision making is appropriate.
- 5.8.4 Distinguish between healthy and unhealthy alternatives to health-related issues or problems.
- 5.8.5 Predict the potential short-term impact of each alternative on self and others.
- 5.8.6 Choose healthy alternatives over unhealthy alternatives when making a decision.
- 5.8.7 Analyze the outcomes of a health-related decision.

### **Grades 9-12**

- 5.12.1 Examine barriers that can hinder healthy decision making.
- 5.12.2 Determine the value of applying a thoughtful decision-making process in health-related situations.
- 5.12.3 Justify when individual or collaborative decision making is appropriate.
- 5.12.4 Generate alternatives to health-related issues or problems.
- 5.12.5 Predict the potential short-term and long-term impact of each alternative on self and

others.

5.12.6 Defend the healthy choice when making decisions.

5.12.7 Evaluate the effectiveness of health-related decisions.

#### Standard 6

Students will demonstrate the ability to use goal-setting skills to enhance health.

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**Rationale:** Goal-setting skills are essential to help students identify, adopt, and maintain healthy behaviors. This standard includes the critical steps that are needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

#### Performance Indicators\*

##### Pre-K-Grade 2

6.2.1 Identify a short-term personal health goal and take action toward achieving the goal.

6.2.2 Identify who can help when assistance is needed to achieve a personal health goal.

##### Grades 3-5

6.5.1 Set a personal health goal and track progress toward its achievement.

6.5.2 Identify resources to assist in achieving a personal health goal.

##### Grades 6-8

6.8.1 Assess personal health practices.

6.8.2 Develop a goal to adopt, maintain, or improve a personal health practice.

6.8.3 Apply strategies and skills needed to attain a personal health goal.

6.8.4 Describe how personal health goals can vary with changing abilities, priorities, and responsibilities.

##### Grades 9-12

6.12.1 Assess personal health practices and overall health status.

6.12.2 Develop a plan to attain a personal health goal that addresses strengths, needs, and

risks.

6.12.3 Implement strategies and monitor progress in achieving a personal health goal.

6.12.4 Formulate an effective long-term personal health plan.

#### Standard 7

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

**Rationale:** Research confirms that practicing health-enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. This standard promotes the acceptance of personal responsibility for health and encourages the practice of healthy behaviors.

#### Performance Indicators\*

##### Pre-K-Grade 2

7.2.1 Demonstrate healthy practices and behaviors to maintain or improve personal health.

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7.2.2 Demonstrate behaviors that avoid or reduce health risks.

##### Grades 3-5

7.5.1 Identify responsible personal health behaviors.

7.5.2 Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.

7.5.3 Demonstrate a variety of behaviors to avoid or reduce health risks.

##### Grades 6-8

7.8.1 Explain the importance of assuming responsibility for personal health behaviors.

7.8.2 Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.

7.8.3 Demonstrate behaviors to avoid or reduce health risks to self and others.

##### Grades 9-12

7.12.1 Analyze the role of individual responsibility for enhancing health.

7.12.2 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.

7.12.3 Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

## Standard 8

Students will demonstrate the ability to advocate for personal, family, and community health.

**Rationale:** Advocacy skills help students promote healthy norms and healthy behaviors. This standard helps students develop important skills to target their health-enhancing messages and to encourage others to adopt healthy behaviors.

### Performance Indicators\*

#### Pre-K-Grade 2

- 8.2.1 Make requests to promote personal health.
- 8.2.2 Encourage peers to make positive health choices.

#### Grades 3-5

- 8.5.1 Express opinions and give accurate information about health issues.
- 8.5.2 Encourage others to make positive health choices.

#### Grades 6-8

- 8.8.1 State a health-enhancing position on a topic and support it with accurate information.

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- 8.8.2 Demonstrate how to influence and support others to make positive health choices.
- 8.8.3 Work cooperatively to advocate for healthy individuals, families, and schools.
- 8.8.4 Identify ways in which health messages and communication techniques can be altered for different audiences.

#### Grades 9-12

- 8.12.1 Utilize accurate peer and societal norms to formulate a health-enhancing message.
- 8.12.2 Demonstrate how to influence and support others to make positive health choices.
- 8.12.3 Work cooperatively as an advocate for improving personal, family, and community health.
- 8.12.4 Adapt health messages and communication techniques to a specific target audience.

**Appendix F**  
**National Standards**  
**Family and Consumer Science**

**FAMILY AND CONSUMER SCIENCE NATIONAL STANDARDS**

**National Standards for Teachers of Family and Consumer Sciences**

**National Association of Teacher Educators for Family and Consumer Sciences   December 2004**

The National Standards for Teachers of Family and Consumer Sciences provides an overarching model of excellence for what a beginning teacher in family and consumer sciences (FCS) should know and be able to do. The National Association of Teacher Educators for Family and Consumer Sciences led FCS educators and other stakeholders from across the country to develop the Standards. The two-year, highly participatory process yielded an integrated set of standards with a high degree of national consensus, while allowing for variations in state teacher preparation and licensure. These standards are unique to FCS teachers. In addition, the beginning FCS teacher has general education background and meets overall professional education standards. As presented, the first four standards focus on FCS content; the remaining six emphasize professional practice. In each of these two groups, the standards are arranged alphabetically. The FCS process areas of thinking, communication, leadership, and management are incorporated throughout. Across all ten



standards, the beginning FCS teacher demonstrates knowledge, skills, and attitudes to enable student learning.

**1. Career, Community, and Family Connections**

Analyze family, community, and work interrelationships; investigate career paths; examine family and consumer sciences careers; and apply career decision making and transitioning processes.

**2. Consumer Economics and Family Resources**

Use resources responsibly to address the diverse needs and goals of individuals, families, and communities in family and consumer sciences areas such as resource management, consumer economics, financial literacy, living environments, and textiles and apparel.

**3. Family and Human Development**

Apply principles of human development, interpersonal relationships, and family to strengthen individuals and families across the lifespan in contexts such as parenting, care giving, and the workplace.

**4. Nutrition, Food, and Wellness**

Promote nutrition, food, and wellness practices that enhance individual and family well being across the lifespan and address related concerns in a global society.

**5. Curriculum Development**

Develop, justify, and implement curricula that address perennial and evolving family, career, and community issues; reflect the integrative nature of family and consumer sciences; and integrate core academic areas.

**6. Instructional Strategies and Resources**

Facilitate students' critical thinking and problem solving in family and consumer sciences through varied instructional strategies and technologies and through responsible management of resources in schools, communities, and the workplace.

## **Appendix F**

### **National Standards**

#### **Family and Consumer Science**

**7. Learning Environment**

Create and implement a safe, supportive learning environment that shows sensitivity to diverse needs, values, and characteristics of students, families, and communities.

**8. Professionalism**

Engage in ethical professional practice based on the history and philosophy of family and consumer sciences and career and technical education through civic engagement, advocacy, and ongoing professional development.

**9. Student and Program Assessment**

Assess, evaluate, and improve student learning and programs in family and consumer sciences using appropriate criteria, standards, and processes.

#### 10. Student Organization Integration

Integrate the Family, Career and Community Leaders of America student organization into the program to foster students' academic growth, application of family and consumer sciences content, leadership, service learning, and career development

## **Appendix G**

### **National Standards**

#### **NASPE Appropriate Instructional Practice Guidelines, K-12: A Side-by-Side Comparison**

##### **A) The Four Components of a High-quality Physical Education Program**

###### **1) Opportunity to Learn**

- Instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and high school)
- Qualified physical education teachers providing a developmentally appropriate program

- Teacher/student ratio in physical education no greater than 1:25 (elementary) and (1:30 middle/high) for optimal instruction (similar to other classroom settings)
  - Adequate equipment and facilities for all students to be active at the same time
- 2. Appropriate Instruction**
- Use of instructional strategies that provide meaningful inclusion of students regardless of skill or fitness level, gender, race or ethnic group
  - Maximum participation and ample practice opportunities for class activities
  - Well-designed lessons that facilitate student learning
  - Out of school assignments that support learning and practice of learned skills
  - Appropriate discipline and class management (physical activity should never be used as punishment)
- 3. Meaningful Content**
- Instructions in a variety of motor skills that are designed to enhance the physical, mental, and social/emotional development of every child
  - Fitness education and assessment to help children understand, improve and/or maintain their physical well-being
  - Development of cognitive concepts about motor skill and fitness
  - Opportunities to improve emerging social and cooperative skills through physical activity and gain a multi-cultural perspective
  - Promotion of recommended amount of physical activity now and throughout life
- 4. Student and Program Assessment**
- Assessment is an ongoing, vital part of the physical education program
  - Formative and summative assessment of student progress
  - Student assessments align with state/national physical education standards and the written physical education curriculum
  - Assessment of program elements that support quality physical education
  - Stakeholders periodically evaluate the total physical education program effectiveness

## 1.0 LEARNING ENVIRONMENT

### Establishing the Learning Environment

#### Elementary Appropriate Practice

1.1.1 The teacher systematically plans for, develops and maintains a positive learning environment that is focused on maximizing learning and participation, in an atmosphere of

respect and support from the teacher and the child's peers.

1.1.2 The environment is supportive of all children and promotes developing a positive self-concept. Children are allowed to try, to fail, and to try again, free of criticism or harassment from the teacher or other students.

1.1.3 Programs are designed to guide children to take responsibility for their own behavior and learning. Emphasis is on intrinsic, rather than extrinsic, incentives.

1.1.4 Fair and consistent classroom-management practices encourage student responsibility for positive behavior. Students are included in the process of developing class rules/agreements.

1.1.5 Bullying, taunting and inappropriate student remarks and behaviors are dealt with immediately and firmly.

### **Elementary Inappropriate Practice**

1.1.1 The environment is not supportive or safe (e.g., the teacher makes degrading or sarcastic remarks). As a result, some children feel embarrassed, humiliated and generally uncomfortable in physical education class.

1.1.2 Only highly skilled or physically fit children are viewed as successful learners. Teachers and peers overlook and/or ignore students who are not highly skilled or physically fit.

1.1.3 Children behave appropriately because they fear receiving a poor grade or other "punishment" if they don't follow the teacher's rules.

1.1.4 The rules are unclear and can vary from day to day.

1.1.5 Verbal or nonverbal behavior that is hurtful to other children is over-looked and/or ignored.

### **Middle School Appropriate Practice**

1.1.1 The teacher systematically plans for, develops and maintains a positive learning environment that allows students to feel safe (physically and emotionally), supported and unafraid to make mistakes.

1.1.2 The environment is supportive of all students and promotes developing a positive self-concept. Students are allowed to try, to fail, and to try again, free of criticism or harassment from the teacher or other students.

1.1.3 Programs are designed to guide students to take responsibility for their own behavior and learning. Emphasis is on intrinsic, rather than extrinsic, incentives.

1.1.4 Fair and consistent classroom-management practices encourage student responsibility for positive behavior. Students are included in the process of developing class rules/agreements.

1.1.5 Bullying and inappropriate student remarks and behaviors are dealt with immediately and firmly.

### **Middle School Inappropriate Practice**

1.1.1 The teacher doesn't establish a positive, supportive and safe learning environment. As a result, some students feel embarrassed, humiliated and generally uncomfortable in physical education class.

1.1.2 Only highly skilled or physically fit students are viewed as successful learners. Teachers and peers overlook and/or ignore students who are not highly skilled or physically fit.

1.1.3 Students behave appropriately because they fear receiving a poor grade or other

“punishment” if they don’t follow the teacher’s rules.

1.1.4 The rules are unclear and can vary from day to day.

1.1.5 Verbal or nonverbal behavior that is hurtful to other students is over-looked and ignored.

### **High School Appropriate Practice**

1.1.1 The teacher systematically plans for, develops and maintains a positive learning environment that allows students to feel safe (physically and emotionally), supported and unafraid to make mistakes.

1.1.2 The environment is supportive of all students and promotes developing a positive self-concept. Students are allowed to try, to fail, and to try again, free of criticism or harassment from the teacher or other students.

1.1.3 Programs are designed to guide students to take responsibility for their own behavior and learning. Emphasis is on intrinsic, rather than extrinsic, incentives.

1.1.4 Fair and consistent classroom-management practices encourage student responsibility for positive behavior. Students are included in the process of developing class rules/agreements.

1.1.5 Bullying, taunting and inappropriate student remarks and behaviors are dealt with immediately and firmly.

### **High School Inappropriate Practice**

1.1.1 The teacher fails to establish a positive, supportive and safe learning environment. As a result, some students feel embarrassed, humiliated and generally uncomfortable in physical education class.

1.1.2 Only highly skilled or physically fit students are viewed as successful learners. Teachers and peers overlook and/or ignore students who are not highly skilled or physically fit.

1.1.3 Students behave appropriately because they fear receiving a poor grade or other “punishment” if they don’t follow the teacher’s rules.

1.1.4 The rules are unclear and can vary from day to day.

1.1.5 Verbal or nonverbal behavior that is hurtful to other students is over-looked and/or ignored.

## **Exercise as Punishment**

### **Elementary Appropriate Practice**

1.2.1 Teachers promote exercise for its contribution to a healthy lifestyle. Children are encouraged to participate in physical activity and exercise outside of the physical education setting for enjoyment, skill development and health reasons.

### **Elementary Inappropriate Practice**

1.2.1 Teachers use activities/exercises (e.g., running laps, performing pushups) to punish misbehavior.

### **Middle School Appropriate Practice**

1.2.1 Teachers promote exercise for its contribution to a healthy lifestyle. Students are

encouraged to participate in physical activity and exercise outside of the physical education setting for enjoyment, skill development and health reasons.

#### **Middle School Inappropriate Practice**

1.2.1 Teachers use activities/exercises (e.g., running laps, performing pushups) to punish misbehavior.

#### **High School Appropriate Practice**

1.2.1 Teachers promote exercise for its contribution to a healthy lifestyle, encouraging students to participate in physical activity and exercise outside of the physical education setting for enjoyment, skill development and health reasons.

#### **High School Inappropriate Practice**

1.2.1 Teachers use activities/exercises (e.g., running laps, performing pushups) to punish misbehavior.

### **Safety 1.3**

#### **Elementary Appropriate Practice**

1.3.1 Teachers make every effort possible to create a safe learning environment for students (e.g., actively teaching safety, posting and practicing emergency action plans).

1.3.2 Activities are selected carefully to ensure that they match students' ability levels and are safe for all students, regardless of ability level.

1.3.3 Teachers maintain up-to-date first aid, AED and CPR certifications.

1.3.4. Facilities and equipment are maintained and inspected regularly for safety hazards (e.g., glass, improper ground cover under equipment).

1.3.5 Physical education class size is consistent with those of other subject areas.

1.3.6 Teachers ensure student safety by monitoring class closely.

#### **Elementary Inappropriate Practice**

1.3.1 Teachers allow or ignore unsafe practices (e.g., pushing, shoving or tackling children in ball games) that occur in their classes. Children are permitted to ignore the safety of others in the class or use equipment unsafely (e.g., swinging bats in close proximity to others).

1.3.2 Human-target games (dodge ball) and/or drills that allow aggressive behavior toward other students are permitted.

1.3.3 Teachers don't maintain up-to-date first aid, AED and CPR certifications.

1.3.4 No regular facility safety inspection occurs. Dangerous or outdated equipment is used.

1.3.5 Teachers routinely combine classes so that one teacher supervises a double class while the other completes some other activity.

1.3.6 Teachers routinely position themselves so that they don't have all children in view, or they leave classes unsupervised for periods of time.

#### **Middle School Appropriate Practice**

1.3.1 Teachers make every effort possible to create a safe learning environment for students

(e.g., emergency action plans are posted and practiced).

1.3.2 Activities are selected carefully to ensure that they match students' ability levels and are safe for all students, regardless of ability level.

1.3.3 Physical educators maintain up-to-date first aid, AED and CPR certifications.

1.3.4 Facilities and equipment are maintained and inspected regularly for safety hazards.

1.3.5 Physical education class size is consistent with those of other subject areas.

1.3.6 Teachers ensure student safety by monitoring class closely.

### **Middle School Inappropriate Practice**

1.3.1 Teachers allow or ignore unsafe practices (e.g., pushing, shoving or tackling students in ball games) that occur in their classes. Students are permitted to ignore the safety of others in the class or use equipment unsafely (e.g., swinging bats or golf clubs in close proximity to others).

1.3.2 Human-target games (dodge ball) and/or drills that allow aggressive behavior toward other students are permitted.

1.3.3 Physical educators don't maintain up-to-date first aid, AED and CPR certifications.

1.3.4 No regular facility safety inspection occurs. Dangerous or outdated equipment is used.

1.3.5 Teachers routinely combine classes so that one teacher supervises a double class while the other completes some other activity.

1.3.6 Teachers routinely position themselves so that they don't have all children in view, or they leave classes unsupervised for periods of time.

### **High School Appropriate Practice**

1.3.1 Activities are selected carefully and modified to ensure a safe learning environment for students. Emergency action plans are posted and practiced.

1.3.2 Activities are selected carefully to ensure that they match students' ability levels and are safe for all students, regardless of ability level.

1.3.3 Physical educators maintain up-to-date first aid, CPR and AED certifications.

1.3.4. Facilities and equipment are maintained and inspected regularly for safety hazards.

1.3.5 Physical education class size is consistent with those of other subject areas.

1.3.6 Teachers ensure student safety by monitoring class closely.

### **High School Inappropriate Practice**

1.3.1 Teachers allow or ignore unsafe practices (e.g., pushing, shoving or tackling students in ball games) that occur in their classes. Students are permitted to ignore the safety of others in the class or use equipment unsafely (e.g., swinging bats or golf clubs in close proximity to others).

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1.3.3 Physical educators don't maintain up-to-date first aid, CPR and AED certifications.

1.3.4. No regular facility safety inspection occurs. Dangerous or outdated equipment is used.

1.3.5 Teachers routinely combine classes so that one teacher supervises a double class while the other completes some other activity.

1.3.6 Teachers routinely position themselves so that they don't have all children in view, or they leave classes unsupervised for periods of time.

## 1.5. Diversity

### Elementary Appropriate Practice

1.4.1 Teachers create an environment that is inclusive and supportive of all children, regardless of race, ethnic origin, gender, sexual orientation, religion or physical ability. Such differences are acknowledged, appreciated and respected.

1.4.2 Teachers intentionally select activities that represent a culturally diverse environment (e.g., dances and games from around the world).

### Elementary Inappropriate Practice

1.4.1 The physical education environment supports highly skilled children more fully than children with less skill development (e.g., posters on display are predominantly of male professional athletes from the “major” sports).

1.4.2 Teachers teach American team sports — football, basketball, softball, etc. — exclusively.

### Middle School Appropriate Practice

1.4.1 Teachers create an environment that is inclusive and supportive of all students, regardless of race, ethnic origin, gender, sexual orientation, religion or physical ability. Such differences are acknowledged, appreciated and respected.

1.4.2 Teachers intentionally select activities that represent a culturally diverse environment (e.g., dances and games from around the world).

### Middle School Inappropriate Practice

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1.4.1 Teachers create an environment that is inclusive and supportive of all students, regardless of race, ethnic origin, gender, sexual orientation, religion or physical ability. Such differences are acknowledged, appreciated and respected.

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1.4.2 Teachers teach American team sports — football, basketball, softball, etc. — exclusively.

## Equity

### 1.5

### Elementary Appropriate Practice



1.5.1 All children (boys and girls, high- and low- skilled) have equal opportunities to participate and interact with the teacher (e.g., leadership, playing “skilled” positions, teacher feedback). All children, regardless of developmental level and ability, are challenged at an appropriate level.

1.5.2 Both boys and girls are encouraged, supported and socialized toward successful achievement in all content taught in physical education (e.g., dance is for everyone).

1.5.3 Teachers use gender-neutral language (e.g., “students”).

### **Elementary Inappropriate Practice**

1.5.1 Highly skilled children are permitted to dominate activities (e.g., athletes or boys are always picked as team/squad leaders or are permitted to go first in team games or play the dominant positions).

1.5.2 Activities are identified as more appropriate for girls or boys (e.g., dance is for girls, football is for boys).

1.5.3 Teachers continually refer to all students as “you guys” and use “boys and girls” as the most common way to address the class.

### **Middle School Appropriate Practice**

1.5.1 All students (boys and girls, high- and low- skilled) have equal opportunities to participate and interact with the teacher (e.g., leadership, playing “skilled” positions, teacher feedback). All students, regardless of developmental level and ability, are challenged at an appropriate level.

1.5.2 All students are encouraged, supported and socialized toward successful achievement in all content taught in physical education (e.g., dance is for everyone).

1.5.3 Physical educators use gender-neutral language (e.g., “students,” “person-to-person defense”).

### **Middle School Inappropriate Practice**

1.5.1 Highly skilled students are allowed to dominate activities (e.g. athletes or boys are always picked as team/squad leaders or are permitted to go first in team games or play the dominant positions).

1.5.2 Activities are identified as more appropriate for girls or boys (e.g., dance is for girls, football is for boys).

1.5.3 Physical educators continuously refer to students as “you guys.”

### **High School Appropriate Practice**

1.5.1 All students (boys and girls, high- and low- skilled) have equal opportunities to participate and interact with the teacher (e.g., leadership, playing “skilled” positions, teacher feedback). All students, regardless of developmental level and ability, are challenged at an appropriate level.

1.5.2 All students are encouraged, supported and socialized toward successful achievement in all content taught in physical education (e.g., dance is for everyone).

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### **High School Inappropriate Practice**

1.5.1 Highly skilled students are permitted to dominate activities (e.g., athletes or boys are always picked as team/squad leaders or are permitted to go first in team games or play the dominant positions).

1.5.2 Activities are identified as more appropriate for girls or boys (e.g., dance is for girls, football is for boys).

1.5.3 Physical educators continually refer to all students as “you guys.”

## **Inclusion**

### **1.6**

#### **Elementary Appropriate Practice**

1.6.1 Teachers implement the special education process for students with disabilities as outlined in students’ individualized education programs and/or the school’s accommodations.

1.6.2 Lessons/activities are adapted for overweight children (e.g., distance and pace runs are made appropriate). Students are encouraged to undertake appropriate levels of activity for their own improvement.

1.6.3 Teachers provide appropriate experiences for students with temporary medical limitations (e.g., a student with a broken arm can ride an exercise bike).

#### **Elementary Inappropriate Practice**

1.6.1 Children with disabilities sit out, keep score or become spectators.

1.6.2 No adaptations are made for overweight children (e.g., they’re required to run the same distance at the same pace as fit children, all students are required to perform identical numbers of sit-ups and pushups) and/or they are marginalized as those who “can’t do it.”

1.6.3 Students with temporary medical conditions are excluded or given an assignment not aligned with the lesson’s education objective (e.g., busy work).

#### **Middle School Appropriate Practice**

1.6.1 Physical educators implement the special education process for students with disabilities as outlined in students’ individualized education programs and/or the school’s accommodations.

1.6.2 Lessons/activities are adapted for students at all fitness levels (e.g., distance and pace runs are made more appropriate). Students are encouraged to complete appropriate levels of activity for their own improvement.

1.6.3 Physical educators provide appropriate experiences for students with temporary medical limitations (e.g., a student with a broken arm can ride an exercise bike).

#### **Middle School Inappropriate Practice**

1.6.1 Students with disabilities sit out, keep score or become spectators.

1.6.2 No adaptations are made for overweight students (e.g., they’re required to run the same distance at the same pace as fit children, all students are required to perform identical numbers of sit-ups and pushups) and/or they are marginalized as those who “can’t do it.”

1.6.3 Students with temporary medical conditions sit out and/or keep score.

### **High School Appropriate Practice**

1.6.1 Physical educators implement the special education process for students with disabilities as outlined in their individualized education programs and/or the school's accommodations.

1.6.2 Lessons/activities are adapted for overweight students (e.g., distance and pace runs are made more appropriate). Students are encouraged to undertake appropriate levels of activity for their own improvement.

1.6.3 Physical educators provide appropriate experiences for students with temporary medical limitations (e.g., a student with a broken arm can ride an exercise bike).

### **High School Inappropriate Practice**

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1.6.3 Students with temporary medical conditions are excluded or given an assignment that's not aligned with the lesson's education objective (e.g., busy work).

## **1.7 Competition and Cooperation**

### **Elementary Appropriate Practice**

1.7.1 Teachers develop learning experiences that help students understand the nature of and the different kinds of competition. For example, students can elect to keep score or play for skill practice in selected situations.

1.7.2 Teachers create a mastery-learning environment that encourages students to compete against previous personal performances or against a criterion score. Children are given opportunities to choose their competitive environment.

1.7.3 Children are guided to understand that some students prefer competitive situations, while others don't; and either preference is acceptable.

### **Elementary Inappropriate Practice**

1.7.1 Students are required to always keep score and participate in activities (e.g., relay races, elimination tag) that identify them publicly as winners and losers.

1.7.2 Teachers focus on producing full-scale competition and limit skill instruction (e.g., playing 11 v. 11 soccer instead of emphasizing skill development through small-sided games).

1.7.3 Children are made to feel that something is wrong with them if they don't enjoy competition.

### **Middle School Appropriate Practice**

1.7.1 Teachers develop learning experiences (e.g., using the sport education model in which students can referee, keep score, etc.) that help students understand the nature of and different kinds of competition.

1.7.2 Teachers create a mastery-learning environment that encourages students to compete against previous personal performance.

1.7.3 Students are guided to understand that some students prefer competitive situations,

while others don't; and either preference is acceptable.

### **Middle School Inappropriate Practice**

1.7.1 Students are required to participate in activities (e.g., relay races, elimination tag) that identify them publicly as winners and losers.

1.7.2 Teachers focus on producing full-scale competition and limit skill instruction (e.g., playing 11 v. 11 soccer instead of modifying the game to 3 v. 3). The focus is on activities that produce winners and losers.

1.7.3 Students are made to feel that something is wrong with them if they don't enjoy competition.

### **High School Appropriate Practice**

1.7.1 Teachers develop learning experiences that help all students understand the nature and the different kinds of competition.

1.7.2 Students are given opportunities to choose their competitive environment. Physical educators encourage positive competitive situations through personal goal setting and/or team play.

1.7.3 Students are guided to understand that some students prefer competitive situations, while others don't; and either preference is acceptable.

### **High School Inappropriate Practice**

1.7.1 Teachers allow some students — because of gender, skill level or cultural characteristics — to be excluded from or limited in access to participation and learning. Students are required to participate in activities that identify them publicly as winners and losers.

1.7.2 Teachers focus on producing full-scale competition and limit skill instruction. Traditional games and rules are used extensively (e.g., students play 11 v. 11 soccer instead of modifying the game to 3 v. 3). Highly competitive team games dominate the curriculum. Teachers focus on activities that yield “winners” and “losers.”

1.7.3 Students are made to feel that something is wrong with them if they don't enjoy competition.

## **INSTRUCTION STRATEGIES 2.0**

### **Expectations for Student Learning**

#### **2.1**

#### **Elementary Appropriate Practices**

2.1.1 Clear goals and objectives for student learning and performance are communicated to students, parents/guardians and administrators.

#### **Elementary Inappropriate Practices**

2.1.1 Children are expected to be “busy, happy and good,” with no emphasis on learning and improvement.

#### **Middle School Appropriate Practices**

2.1.1 Clear goals and objectives for student learning and performance are communicated to

students, parents/  
guardians and administrators. Students are held accountable for those expectations through various strategies (e.g., goal-setting, teacher monitoring, assessment and evaluation).

### **Middle School Inappropriate Practices**

2.1.1 Students are expected to be “busy, happy and good,” with no emphasis on learning and improvement. Teachers don’t articulate goals and expectations clearly to students, parents/  
guardians and administrators.

### **High School Appropriate Practices**

2.1.1 Clear goals and objectives for student learning and performance are communicated to students, parents/guardians and administrators. Students are held accountable for those expectations through various strategies (e.g., goal-setting, teacher monitoring, assessment and evaluation).

### **High School Inappropriate Practices**

2.1.1 Students are expected to be “busy, happy and good,” with no emphasis on learning and improvement. Teachers don’t articulate goals and expectations clearly to students, parents/  
guardians and administrators.

## **2.2 Class Organization**

### **Elementary Appropriate Practices**

2.2.1 Teachers form pairs, groups and teams in ways that preserve every child’s dignity and self-respect (e.g., randomly, by fitness or skill level when necessary, or by a class system such as birthdays, squads, colors or numbers).

### **Elementary Inappropriate Practices**

2.2.1 Teachers inadvertently promote exclusion by allowing student captains to pick teams (e.g., “popular” or highly skilled students are chosen first and cliques are evident) or by separating students by gender (boys v. girls) or skill level (highly skilled v. low-skilled.)

### **Middle School Appropriate Practices**

2.2.1 Physical educators form pairs, groups and teams in ways that preserve every student’s dignity and self-respect (e.g., randomly, by fitness or skill level, or by a class system such as birthdays, squads, colors or numbers).

### **Middle School Inappropriate Practices**

2.2.1 Physical educators inadvertently promote exclusion by allowing student captains to pick teams (e.g., “popular” or highly skilled students are chosen first and cliques are evident) or by separating students by gender (boys v. girls) or skill level (high- v. low-skilled.)

### **High School Appropriate Practices**

2.2.1 Physical educators form pairs, groups and teams in ways that preserve every student's dignity and self-respect (e.g., randomly, by fitness or skill level when appropriate to the lesson's goals, or by a class system such as birthdays, squads, colors or numbers).

### **High School Inappropriate Practices**

2.2.1 Physical educators inadvertently promote exclusion by allowing student captains to pick teams (e.g., "popular" or highly skilled students are chosen first and cliques are evident) or by separating students by gender (boys v. girls) or skill level (high- v. low-skilled.)

## **1.3 Class Design**

### **Elementary Appropriate Practices**

2.3.1 Physical education classes begin with an instant activity, anticipatory set, and physical warm-up; proceed to the instructional focus and fitness activities; and close with a physiological cool-down and a review of instruction objectives.

2.3.2 Stretching, if included in the lesson, occurs only after an appropriate general warm-up activity and is appropriate and beneficial for maintaining and improving flexibility.

### **Elementary Inappropriate Practices**

2.3.1 PE classes have no identifiable structure (e.g., students start class by performing the activity of the day with no introduction or warm-up).

2.3.2 Stretching occurs without total body warm-up. No feedback is provided about appropriate body position in stretching.

### **Middle School Appropriate Practices**

2.3.1 Physical education classes begin with an instant activity, anticipatory set and physical warm-up; proceed to the instructional focus and fitness activities; and close with a physiological cool-down and a review of instruction objectives.

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### **High School Inappropriate Practices**

2.3.1 PE classes have no identifiable structure (e.g., students start class by performing the activity of the day with no introduction or warm-up).

2.3.2 Stretching occurs without total body warm-up. No feedback is provided about appropriate body position in stretching.

## **1.4 Learning Time**

### **Elementary Appropriate Practice**

1.4.1 The teacher plans for skill and concept instruction and provides adequate time for practice, skill development and feedback based on appropriate skill analysis.

1.4.2 Lessons are planned to revisit skills and concepts throughout the year and from year to year, to allow for student growth and readiness.

### **Elementary Inappropriate Practice**

2.4.1 The teacher doesn't use effective time-management strategies, and devotes little time to developing skill or offering meaningful feedback (e.g., game play begins before students have the necessary skills, strategies or tactics for competent play).

2.4.2 Skills are taught once a year during the appropriate unit, and then are ignored until the following year.

### **Middle School Appropriate Practice**

1.4.1 The physical educator plans for skill and concept instruction and provides adequate time for practice, skill development and feedback based on appropriate skill analysis.

1.4.2 The physical educator offers a variety of units of sufficient length appropriate for middle school-age students (e.g., lessons are planned to revisit skills and concepts from year to year).

### **Middle School Inappropriate Practice**

2.4.1 The physical educator doesn't use effective time-management strategies, and devotes little time to developing skill or offering meaningful feedback (e.g., game play begins before students have the necessary skills, strategies or tactics for competent play).

2.4.2 Students are placed into game situations without the necessary skills to participate enjoyably and successfully.

### **High School Appropriate Practice**

1.4.1 The physical educator plans for skill and concept instruction and provides adequate

time for practice, skill development and feedback based on appropriate skill analysis.  
2.4.2 The physical educator plans lessons that revisit skills and concepts learned previously.

#### **High School Inappropriate practice**

2.4.1 The physical educator doesn't use effective time-management strategies, and devotes little time to developing skill or offering meaningful feedback (e.g., game play begins before students have the necessary skills, strategies or tactics for competent play).  
2.4.2 Students are placed directly into game situations without the necessary skills to participate enjoyably and successfully.

### **1.5 Maximizing Participation**

#### **Elementary Appropriate Practice**

2.5.1 Teachers organize their classes to maximize opportunities for all children to learn and be physically active. Enough equipment is provided so that children spend virtually no time waiting for turns or standing in lines. At least half of class time is spent in moderate-to-vigorous activity.  
2.5.2 The teacher uses small-sided games (1 v.1, 2 v.2, etc.) or mini-activities to allow students ample opportunity to participate.

#### **Elementary Inappropriate Practice**

2.5.1 Lessons are organized poorly, so students spend much of the class time waiting for roll call, waiting in lines and/or waiting for equipment to be distributed. The first few minutes of the class are always spent sitting, getting organized or simply waiting for the teacher to signal that the class is about to begin.  
2.5.2 The teacher consistently uses only one ball for most ball-oriented activities (e.g., soccer, softball). In the game situation, most players touch the ball only rarely.

#### **Middle School Appropriate Practice**

2.5.1 Physical educators organize their classes to maximize opportunities for all students to learn and be physically active. Enough equipment is provided so that students spend virtually no time waiting for turns or standing in lines. At least half of class time is spent in moderate-to-vigorous activity.  
2.5.2 The physical educator uses small-sided games (1 v.1, 2 v.2) or mini-activities to allow students ample opportunity to participate.

#### **Middle School Inappropriate Practice**

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### **High School Appropriate Practice**

2.5.1 Physical educators organize their classes to maximize opportunities for all students to learn and be physically active. Enough equipment is provided so that students spend virtually no time waiting for turns or standing in lines. At least half of class time is spent in moderate-to-vigorous activity.

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### **High School Inappropriate Practice**

2.5.1 Lessons are organized poorly, so that students spend much of the class time waiting for roll call, waiting in lines and/or waiting for equipment to be distributed. The first few minutes of the class are always spent getting organized or simply waiting for the teacher to signal that the class is about to begin.

2.5.2 The physical educator consistently uses only one ball for most ball-oriented activities (e.g., soccer, softball).

## **1.6 Teaching/Learning Styles**

### **Elementary Appropriate Practice**

2.6.1 The teacher uses a variety of direct and indirect teaching styles to provide for children's success, depending on lesson objectives and content and students' varied learning styles.

2.6.2 The teacher allows students guided choices in matters such as equipment, rule modification or type of skill practice (e.g., completing individual task sheets or small-group instruction).

2.6.3 The teacher emphasizes critical-thinking and problem-solving tactics and strategies by using higher-order questions (e.g., those that deal with similarities, differences, efficiency and effectiveness).

### **Elementary Inappropriate Practice**

2.6.1 The teacher provides "one size fits all" instruction, using primarily a direct teaching style, regardless of learning style or student response. The teacher doesn't consider student needs in planning instruction.

2.6.2 The teacher controls the curriculum tightly, and children rarely have input regarding rules, activities covered or equipment used for practice.

2.6.3 Activities are always taught command-style, with no attempt to stimulate analysis or evaluation.

### **Middle School Appropriate Practice**

2.6.1 The teacher uses a variety of direct and indirect teaching styles to provide for children's success, depending on lesson objectives and content and students' varied learning styles.

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using higher-order questions (e.g., those that deal with similarities, differences, efficiency and effectiveness).

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### **High School Appropriate Practice**

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2.6.2 The teacher allows students guided choices in matters such as equipment, rule modification or type of skill practice (e.g., completing individual task sheets or small-group instruction).

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2.6.2 The teacher controls the curriculum tightly, and children rarely have input regarding rules, activities covered or equipment used for practice.

2.6.3 Activities are always taught command-style, with no attempt to stimulate analysis or evaluation.

## **1.7 Teacher Enthusiasm**

### **Elementary Appropriate Practice**

2.7.1 The teacher shows enthusiasm for an active, healthy lifestyle.

### **Elementary Inappropriate Practice**

2.7.1 The teacher appears not to enjoy physical activity. (e.g., instructs from a chair or the bleachers).

### **Middle School Appropriate Practice**

2.7.1 The physical educator shows enthusiasm for an active, healthy lifestyle.

### **Middle School Inappropriate Practice**

2.7.1 The physical educator appears not to enjoy physical activity (e.g., instructs from a chair

or the bleachers).

### **High School Appropriate Practice**

2.7.1 The physical educator shows enthusiasm for an active, healthy lifestyle.

### **High School Inappropriate Practice**

2.7.1 The physical educator appears not to enjoy physical activity (e.g., instructs from a chair or the bleachers).

## **1.8 Success Rate**

### **Elementary Appropriate Practice**

2.8.1 Students practice skills at high rates of success adjusted for individual skill levels within a “Try again; mistakes are okay” learning environment.

### **Elementary Inappropriate Practice**

1.81 The teacher instructs as if all children in the class have identical skill and physical fitness levels, using a single standard for all children, which leads to frustration, boredom and/or misbehavior.

### **Middle School Appropriate Practice**

2.8.1 Students practice skills at high rates of success, adjusted for individual skill levels within a “Try again; mistakes are okay” learning environment

### **Middle School Inappropriate Practice**

2.8.1 The physical educator teaches as if all students are at identical skill and physical fitness levels, using a single standard for all students, which leads to frustration, boredom and/or misbehavior

### **High School Appropriate Practice**

2.8.1 Students practice skills at high rates of success, adjusted for individual skill levels within a “Try again; mistakes are okay” learning environment

### **High School Inappropriate Practice**

1.8.1 The physical educator teaches as if all students are at identical skill and physical fitness levels, using a single standard for all students, which leads to frustration, boredom and/or misbehavior

## **1.9 Teacher Feedback**

### **Elementary Appropriate Practice**

1.9.1 The teacher provides specific feedback (e.g., “Remember to step forward on your opposite foot when you’re throwing”) on a consistent basis.

### **Elementary Inappropriate Practice**

2.9.1 Children receive either no feedback or feedback that is primarily negative or too general (e.g., “Good job,” “Way to go”) to help improve performance. The teacher is not engaged instructionally and either merely officiates

**Middle School Appropriate Practice**

2.9.1 The physical educator provides specific feedback (e.g., “Remember to step forward on your opposite foot when throwing”) on a consistent basis.

**Middle School Inappropriate Practice**

2.9.1 Students receive either no feedback or feedback that is primarily negative or too general (e.g., “Good job,” “Way to go”) to help improve performance. The teacher is not engaged instructionally and either merely officiates or plays with the students

**High School Appropriate Practice**

2.9.1 The physical educator provides specific feedback (e.g., “Remember to step forward on your opposite foot when throwing”) on a consistent basis.

**High School Inappropriate Practice**

2.9.1 Students receive either no feedback or feedback that is primarily negative or too general (e.g., “Good job,” “Way to go”) to help improve performance. The teacher is not engaged instructionally and either merely officiates or plays with the students

## **1.10 Technology**

**Elementary Appropriate Practice**

1.10.1 The teacher includes technology to increase the lesson’s effectiveness (e.g., quantifying activity with pedometers

**Elementary Inappropriate Practice**

2.10.1 The teacher uses technology rarely, if ever.

**Middle School Appropriate Practice**

1.10.2 The teacher includes technology to increase the lesson’s effectiveness (e.g., quantifying activity with pedometers

**Middle School Inappropriate Practice**

2.10.1 The teacher uses technology rarely, if ever.

**High School Appropriate Practice**

1.10.3 The teacher includes technology to increase the lesson’s effectiveness (e.g., quantifying activity with pedometers

**High School Inappropriate Practice**

2.10.1 The teacher uses technology rarely, if ever.

## **CURRICULUM 3.0**

### **3.1 Productive Motor Skill Learning Experiences**

#### **Elementary Appropriate Practice**

3.1.1 The physical education curriculum has an obvious scope and sequence based on goals and objectives that are appropriate for all children and that are derived from national or state standards.

3.1.2 The teacher focuses on developing students' fundamental motor skills and applying them to a variety of settings.

3.1.3 Each lesson is designed to meet program goals as stated in a published scope and sequence.

3.1.4 Teachers adapt their lessons for different classes within and between grade levels.

3.1.6 Rhythmical Activities & Dance: The teacher includes a variety of rhythmical, expressive, creative and culturally enriching dance experiences designed with the children's physical, cultural, emotional and social abilities in mind.

3.1.7 Games Instruction: Teachers select, design, sequence and modify games to maximize specific learning, fitness/skill enhancement and enjoyment.

3.1.8 Educational Gymnastics: Lessons develop skills appropriate to children's abilities and confidence in balancing, rolling, jumping and landing, climbing and transferring weight. Children practice on equipment designed to match their gymnastic abilities and confidence.

#### **Elementary Inappropriate Practice**

3.1.1 The physical education curriculum lacks age-appropriate developmental goals and objectives and is based primarily on the teacher's interests, preferences and background (e.g., team sports dominate).

3.1.2 Children don't develop their motor skills to a level that enables them to participate enjoyably and successfully in games, gymnastics and dance.

3.1.3 Lesson activities are chosen without regard to program goals and/or with little or no planning.

3.1.4 The same lesson plans and activities are used for all grade levels.

3.1.6 Rhythmical Activities & Dance: The teacher does not teach dance, or teaches dances to students with no sequencing or progression.

3.1.7 Games Instruction: Teachers use games with no obvious learning purpose or goal other than to keep children "busy, happy and good."

3.1.8 Educational Gymnastics: Teachers require all students to perform the same predetermined stunts and routines while the rest of the class sits and watches. Predetermined stunts require extensive teacher direction and spotting because they're too difficult for many of the children.

#### **Middle School Appropriate Practice**

3.1.1 The physical education curriculum has an obvious scope and sequence based on goals and objectives that are appropriate for all students and that are derived from national or state standards.

3.1.2 Activities are developmentally appropriate for early-adolescent students and are aimed at

promoting success for all students (e.g., heart rate monitors allow students to exercise in their own individual target heart zones and at different intensity levels).

3.1.3 Each lesson is designed to meet program goals as stated in a published scope and sequence.

3.1.4 Teachers design progressions that allow students to build on previously learned content and skills by focusing on lifetime activities.

3.1.5 Team teaching is employed to offer more stations or activities and enhance feedback.

### **Middle School Inappropriate Practice**

3.1.1 Instructional units and learning experiences are based primarily on the season, facilities and teacher preferences and not on a systematic, approved curriculum. Teachers teach what they coach, or teach their favorite activities, without concern for student choices, interests or abilities.

3.1.2 Activities are not developmentally appropriate for early adolescents and are aimed solely at the highly skilled student (e.g., teaching the jump serve to sixth-graders in volleyball).

3.1.3 Lesson activities are chosen without regard to program goals.

3.1.4 Teachers teach all students the same skills year after year. Activities are the same for all grade levels.

3.1.5 Teachers combine their classes only to: play one big game, allow students to socialize, plan practices for interscholastic teams or conduct personal business. Team sports are used as a farm system for high school athletics, with little attention paid to the needs of non-athletes.

### **High School Appropriate Practice**

3.1.1 The physical education curriculum has an obvious scope and sequence based on goals and objectives that are appropriate for all students and that are derived from national or state standards.

3.1.2 The physical educator includes motor skill development, physiological and biomechanical concepts, health-enhancing physical activities that lead to a physically active lifestyle, and opportunities to develop appropriate social behaviors.

3.1.3 Instruction follows a scope and sequence that is designed to scaffold prior learning and develop mature forms of skills and strategies.

3.1.4 Teachers design progressions that allow students to build on previously learned content and skills, by focusing on lifetime activities.

3.1.5 Physical education classes and athletic practices are clearly distinct.

### **High School Inappropriate Practice**

3.1.1 Instructional units and learning experiences are based primarily on the season, facilities and teacher preferences and not on a systematic, approved curriculum. Activities are limited to a few team sports. Teachers teach what they coach, or teach their favorite activities, without concern for student choices, interests or abilities.

3.1.2 The physical educator teaches all students the same skills year after year, without including movement analysis, personal and social understanding, or strategies.

3.1.3 Little to no planning occurs to ensure positive, productive learning experiences.

3.1.4 The same games and activities are used for all grade levels throughout the year.

3.1.5 Physical education classes are used as practice venues for the school's interscholastic sports teams (e.g., classes are open only to team members and are taught by their coach).

## **3.2 Concept Knowledge**

### **Elementary School Appropriate Practice**

3.2.1 Strategies, tactics, exercise science, biomechanical analysis and fitness concepts are included throughout the curriculum.

3.2.2 Students are educated to become wise consumers of the fitness/wellness and nutrition industries.

### **Elementary School Inappropriate Practice**

3.2.1 The teacher doesn't help develop student knowledge of the scientific bases of physical activity.

3.2.2 Teachers fail to link knowledge gained in physical education to life (e.g., children are not taught that the heart is a muscle that needs regular exercise to remain healthy).

### **Middle School Appropriate Practice**

3.2.1 Strategies, tactics, exercise science, biomechanical analysis and fitness concepts are included throughout the curriculum.

3.2.2 Students are educated to become wise consumers of the fitness/wellness and nutrition industries.

### **Middle School Inappropriate Practice**

3.2.1 The teacher doesn't help develop student knowledge of the scientific bases of physical activity.

3.2.2 Teachers fail to link knowledge gained in physical education to life (e.g., provide only an overview of the new food guide pyramid and never instruct students on how to use it).

### **High School Appropriate Practice**

3.2.1 Strategies, tactics, exercise science, biomechanical analysis and fitness concepts are included throughout the curriculum.

3.2.2 Students are educated to become wise consumers of the fitness/wellness and nutrition industries.

### **High School Inappropriate Practice**

3.2.1 The teacher doesn't help students learn the scientific bases of physical activity.

3.2.2 Teachers fail to link knowledge gained in physical education to life (e.g., students don't learn how to select a qualified personal trainer).

## **3.3 Regular Participation**

### **Elementary Appropriate Practice**

3.3.1 The teacher extends experiences from in-class activity lessons to community and family activities, promoting a physically active lifestyle.

### **Elementary Inappropriate Practice**

3.3.1 No effort is made to connect physical education instruction to community offerings,

recreation opportunities or family involvement.

#### **Middle School Appropriate Practice**

3.3.1 The physical educator extends experiences from in-class activity lessons to community and family activities, promoting a physically active lifestyle.

#### **Middle School Inappropriate Practice**

3.3.1 The physical educator makes no effort to connect physical education instruction to community offerings, recreation opportunities or family involvement.

#### **High School Appropriate Practice**

3.3.1 The physical educator extends experiences from in-class activity lessons to community and family activities, promoting a physically active lifestyle.

#### **High School Inappropriate Practice**

3.3.1 The physical educator makes no effort to connect physical education instruction to community offerings, recreation opportunities or family involvement.

### **3.4 Developing Health-Related Fitness**

#### **Elementary Appropriate Practice**

3.4.1 The health-related components of fitness are the focus of fitness activities. Skill-related components of fitness are emphasized in their relation to skill development.

3.4.2 The teacher helps students interpret and use assessment data to set goals and develop a lifelong fitness plan.

#### **Elementary Inappropriate Practice**

3.4.1 Fitness activities are random and unrelated to lifelong learning benefits. Physical fitness activity consists of mass exercises following a designated leader or a standard routine.

3.4.2 The teacher conducts the fitness assessment but never uses results to set goals or to design a personal fitness plan.

#### **Middle School Appropriate Practice**

3.4.1 The health-related components of fitness are the focus of fitness activities. Skill-related components of fitness are emphasized in their relation to skill development (e.g., muscle strength and flexibility are taught using exercise balls).

3.4.2 The physical educator helps students interpret and use fitness assessment data to set goals and develop a lifelong fitness plan.

#### **Middle School Inappropriate Practice**

3.4.1 Fitness activities are random and unrelated to lifelong learning benefits. Physical fitness activity consists of mass exercises following a designated leader or a standard routine.

3.4.2 The physical educator doesn't enable students to use fitness assessment results to set goals or design a personal fitness plan.

#### **High School Appropriate Practice**



3.4.1 The health-related components of fitness provide the focus for fitness activities. Skill-related components of fitness are emphasized in their relation to skill development.

3.4.2 The physical educator helps students interpret and use assessment data to set goals and to develop a lifelong fitness plan.

### **High School Inappropriate Practice**

3.4.1 Fitness activities are random and unrelated to lifelong learning benefits. Physical fitness activity consists of mass exercises following a designated leader or a standard routine.

3.4.2 The physical educator conducts the fitness assessment but never helps students use results to set goals or design a personal fitness plan.

## **3.5 Self-Responsibility and Social Skills**

### **Elementary School Appropriate Practice**

3.5.1 Teachers intentionally design activities that allow children opportunities to work together, for the purpose of developing social skills (cooperative, competitive and sports-manship) and learning responsible behavior. Situations are designed purposefully for teaching these skills; they aren't left for "teachable moments" only.

### **Elementary School Inappropriate Practice**

3.5.1 Social skills are not taught but are assumed as a byproduct (e.g., fair play as a product of sport participation). Teachers don't take advantage of strategies such as child choice of equipment, peer teaching, group work and class involvement in establishing rules.

### **Middle School Appropriate Practice**

3.5.1 Physical educators design activities throughout the program that provide students with opportunities to work together, for the purpose of developing social skills (cooperative and competitive) and learning responsible behavior (e.g., "good sport" skills are encouraged instead of trash talking). Situations are designed purposefully for teaching these skills; they're not left for "teachable moments" only.

### **Middle School Inappropriate Practice**

3.5.1 Physical educators fail to systematically enhance students' affective development. They don't use activities and instruction strategies such as choice of equipment, peer teaching and class involvement in establishing rules that foster cooperation, social skills and personal responsibility.

### **High School Appropriate Practice**

3.5.1 Teachers intentionally design activities that allow students to work together in developing social skills (cooperative and competitive) and learning responsible behavior. Situations are designed purposefully for teaching these skills; they're not left for "teachable moments" only.

### **High School Inappropriate Practice**

3.5.1 Teachers don't use strategies such as student choice of equipment, peer teaching, group work or class involvement in establishing rules. Students of varying abilities and popularity are not assigned leadership roles (e.g., team/squad leaders) in working with groups.

### **3.6 Valuing Physical Activity**

#### **Elementary Appropriate Practice**

3.6.1 Teachers encourage all children to experience the satisfaction and joy that can result from learning about and participating regularly in physical activity.

3.6.2 Teachers help students understand that physical activity is an important part of everyday living (e.g., climbing stairs instead of using an elevator; riding a bike or walking to school).

#### **Elementary Inappropriate Practice**

3.6.1 Negative experiences in physical education class (e.g., running as punishment) lead students to devalue the importance and enjoyment of physical activity.

3.6.2 Teachers make no effort to encourage activity in other aspects of students' lives.

#### **Middle School Appropriate Practice**

3.6.1 The physical educator helps all students experience the satisfaction and joy of learning about and participating regularly in physical activity.

3.6.2 Physical educators help students understand that physical activity is an important part of everyday living (e.g., climbing stairs instead of using an elevator; riding a bike or walking to school).

#### **Middle School Inappropriate Practice**

3.6.1 Negative experiences in physical education class (e.g., running as punishment) lead students to devalue the importance and enjoyment of physical activity.

3.6.2 Teachers make no effort to encourage activity in other aspects of students' lives.

#### **High School Appropriate Practice**

3.6.1 The physical educator helps all students experience the satisfaction and joy that result from learning about and participating in physical activity regularly.

3.6.2 Physical educators help students understand that physical activity is an important part of everyday living (e.g., climbing stairs instead of using an elevator; riding a bike or walking to school).

#### **High School Inappropriate Practice**

3.6.1 Negative experiences in physical education class (e.g., running as punishment) lead students to devalue the importance and enjoyment of physical activity.

3.6.2 Physical educators make no effort to encourage activity in other aspects of students' lives.

### **3.7 Interdisciplinary Instruction**

#### **Elementary Appropriate Practice**

3.7.1 Teachers frequently link physical education experiences with concepts being taught in mathematics, reading, science, social studies, art and music.

#### **Elementary Inappropriate Practice**

3.7.1 Physical education classes are used to teach cognitive concepts emphasizing other areas of the curriculum at the expense of teaching physical education skills and concepts.

**Middle School Appropriate Practice**

3.7.1 Physical education is part of a multidisciplinary curriculum, but integration doesn't compromise teaching the concepts important to developing a physically educated individual.

**Middle School Inappropriate Practice**

3.7.1 Physical education classes are used to teach cognitive concepts emphasizing other areas of the curriculum at the expense of teaching physical education skills and concepts.

**High School Appropriate Practice**

3.7.1 Physical education is part of a multidisciplinary curriculum, but integration doesn't compromise teaching the concepts important to developing a physically educated individual.

**High School Inappropriate Practice**

3.7.1 Physical education classes are used to teach cognitive concepts emphasizing other areas of the curriculum at the expense of teaching physical education skills and concepts.

**Special Events**

**Elementary Appropriate Practice**

3.8.1 Teachers plan field days so that every child participates fully and derives satisfaction and joy from a festival of physical activity linked to the physical education program.

**Elementary Inappropriate Practice**

3.8.1 Teachers design field days that encourage intense team, group or individual competition (e.g., running or sack races), with winners and losers identified clearly. Extensive recognition is given to winners only.

**Middle School Appropriate Practice**

3.8.1 Teachers plan events (e.g., charity events) so that every student participates fully and derives satisfaction and joy from a festival of physical activity.

**Middle School Inappropriate Practice**

3.8.1 Teachers don't implement any special events.

**High School Appropriate Practice**

3.8.1 Teachers plan events (e.g., charity events) so that every student participates fully and derives satisfaction and joy from a festival of physical activity.

**High School Inappropriate Practice**

3.8.1 Teachers don't implement any special events.

**ASSESSMENT 4.0**

## **Assessment Use 4.1**

### **Elementary Appropriate Practice**

4.1.1 Formative and summative assessments constitute ongoing and integral parts of the learning process for all students, including those with disabilities

### **Elementary Inappropriate Practice**

4.1.1 Assessment is rare and random, and occurs only in the context of grading.

### **Middle School Appropriate Practice**

4.1.1 Formative and summative assessments constitute ongoing and integral parts of the learning process for all students, including those with disabilities.

### **Middle School Inappropriate Practice**

4.1.1 Assessment is rare and random, and occurs only within the context of grading (e.g., dress and attendance to earn an “A”).

### **High School Appropriate Practice**

4.1.1 Formative and summative assessments constitute ongoing and integral parts of the learning process for all students, including those with disabilities.

### **High School Inappropriate Practice**

4.1.1 Assessment is rare and random, and occurs only within the context of grading (e.g., dress and attendance to earn an “A”).

## **Variety of Assessment 4.2**

### **Elementary Appropriate Practice**

4.2.1 Teachers systematically teach and assess all domains (cognitive, affective and physical), using a variety of assessment techniques.

4.2.2 Assessments include clearly defined criteria that are articulated to students as part of instruction before the assessment (e.g., a rubric is provided and explained during instruction).

### **Elementary Inappropriate Practice**

4.2.1 Teachers assess only physical fitness.

4.2.2 Assessments aren’t defined clearly and/or don’t relate to program goals and objectives.

### **Middle School Appropriate Practice**

4.2.1 Physical educators systematically teach and assess all domains (cognitive, affective and physical), using a variety of assessment techniques.

4.2.2 Assessments include clearly defined criteria that are articulated to students as part of instruction before the assessment (e.g., a rubric is provided and explained during instruction).

### **Middle School Inappropriate Practice**

4.2.1 Teachers assess only physical fitness.

4.2.2 Assessments are not defined clearly and/or don't relate to program goals and objectives.

### **High School Appropriate Practice**

4.2.1 Physical educators systematically teach and assess all domains (cognitive, affective and physical), using a variety of assessment techniques.

4.2.2 Assessments include clearly defined criteria that are articulated to students as part of instruction before the assessment (e.g., a rubric is provided and explained during instruction).

### **High School Inappropriate Practice**

4.2.1 Physical educators assess only one aspect of student learning or improvement (e.g., physical fitness).

4.2.2 Assessments are not defined clearly and/or don't relate to program goals and objectives.

## **1.3 Fitness Testing**

### **Elementary Appropriate Practice**

4.3.1 Teachers use fitness assessment as part of the ongoing process of helping students understand, enjoy, improve and/or maintain their physical fitness and well-being (e.g., students set goals for improvement that are revisited during the school year).

4.3.2 As part of an ongoing program of physical education, students are physically prepared in each fitness component so that they can complete the assessments safely.

### **Elementary Inappropriate Practice**

4.3.1 Teachers use fitness test results to assign a grade.

4.3.2 Students are required to run a mile without appropriate conditioning or acclimatization.

### **Middle School Appropriate Practice**

4.3.1 Physical educators use fitness assessment as part of the ongoing process of helping students understand, enjoy, improve and/or maintain their physical fitness and well-being (e.g., students set fitness goals for improvement that are revisited during the school year).

4.3.2 As part of an ongoing program of physical education, students are prepared physically in each fitness component so that they can complete the assessments safely.

### **Middle School Inappropriate Practice**

4.3.1 Physical educators use fitness test results to assign a grade.

4.3.2 Students are required to run a mile without appropriate conditioning or acclimatization.

### **High School Appropriate Practice**

4.3.1 Physical educators use fitness assessment as part of the ongoing process of helping students understand, enjoy, improve and/or maintain their physical fitness and well-being (e.g., students set goals for improvement that are revisited during the school year).

4.3.2 As part of an ongoing physical education program, students are prepared physically in each fitness component so that they can complete the assessments safely (e.g., students train before running a mile).

### **High School Inappropriate Practice**

4.3.1 Physical educators use fitness test results to assign a grade.

4.3.2 Students are required to run a mile without appropriate conditioning or acclimatization or are expected to perform pull-ups with no prior conditioning or strength training.

## **1.4 Testing Procedures**

### **Elementary Appropriate Practice**

4.4.1 Teachers make every effort to create testing situations that are private, nonthreatening, educational and encouraging (e.g., they explain what the test is designed to measure).

4.4.2 Teachers encourage children to avoid comparisons with others and, instead, use the results as a catalyst for personal improvement.

### **Elementary Inappropriate Practice**

4.4.1 Testing is public (e.g., students observe others completing the test while they wait for their turn to take it), with no reason given for the test.

4.4.2 Teachers overlook taunting or teasing based on test results. Results are interpreted based on comparison to norms, rather than how they apply to children's future health and well-being.

### **Middle School Appropriate Practice**

4.4.1 Physical educators make every effort to create testing situations that are private, nonthreatening, educational and encouraging (e.g., they explain what the test is designed to measure).

4.4.2 Teachers encourage students to avoid comparisons with others and, instead, to use the results as a catalyst for personal improvement.

### **Middle School Inappropriate Practice**

4.4.1 Testing is public (e.g., students observe others completing the test while they wait for their turn to take it), with no reason given for the test.

4.4.2 Results are interpreted based on comparison to norms rather than how they apply to students' future health and well-being. Students are allowed to compare their test scores.

### **High School Appropriate Practice**

4.4.1 Physical educators make every effort to create testing situations that are private, nonthreatening,

educational and encouraging (e.g., they explain what the test is designed to measure).

4.4.2 Physical educators encourage students to avoid comparisons with others and, instead, use the results as a catalyst for personal improvement.

### **High School Inappropriate Practice**

4.4.1 Testing is public; students observe others completing the test while they wait for their turn to take it.

4.4.2 Results are interpreted based on comparison to norms rather than how they apply to the

students' future health and well-being. Students are allowed to compare their test scores.

## **1.5 Reporting Student Progress**

### **Elementary Appropriate Practice**

4.5.1 Test results are shared privately with children and their parents/guardians as a tool for developing personal goals and strategies for maintaining and increasing the respective fitness parameters.

4.5.2 The teacher provides regular reports of student progress to students and parents/guardians using a variety of continuous formative evaluations and assessments (e.g., heart rate monitor printouts, pedometer step sheets).

### **Elementary Inappropriate Practice**

4.5.1 Individual scores are posted publicly, where others can view and compare them.

4.5.2 Parents/guardians never receive information about the program content and their children's progress beyond a letter grade on the report card.

### **Middle School Appropriate Practice**

4.5.1 Test results are shared privately with students and their parents/guardians as a tool for developing personal goals and strategies for maintaining and increasing the respective fitness parameters.

4.5.2 Physical educators provide regular reports of student progress to students and parents/guardians, using a variety of continuous, formative evaluations and assessments (e.g., heart rate monitor printouts, pedometer step sheets).

### **Middle School Inappropriate Practice**

4.5.1 Individual scores are posted publicly, where others can view and compare them.

4.5.2 Students receive little or no information regarding their progress toward individual goals. Student progress is reported based only on teacher perception, dressing for class or attendance.

### **High School Appropriate Practice**

4.5.1 Test results are shared privately with students and their parents/guardians as a tool for developing personal goals and strategies.

4.5.2 Teachers provide regular reports of student progress to students and parents/guardians, using a variety of continuous, formative evaluations and assessments (e.g., heart rate monitor printouts, pedometer step sheets, skill rubrics).

### **High School Inappropriate Practice**

4.5.1 Individual scores are posted publicly, where anyone can view and compare them.

4.5.2 Teachers don't provide students with individual progress assessment results.

## **1.6 Grading**

### **Elementary Appropriate Practice**

4.6.1 Physical education grades are based on thoughtfully identified components that are aligned with course goals and national standards.

4.6.2 Students know the components of and criteria included in their grade, and the rationale for each.

#### **Elementary Inappropriate Practice**

Grades are based on a single opportunity to perform (e.g., based on standardized fitness test scores or the number of times students can jump rope continually).

4.6.2 Teachers use subjective measures to assign grades (e.g., they're based solely on effort, participation, and/or attitude).

#### **Middle School Appropriate Practice**

4.6.1 Grades are based on thoughtfully identified components that are aligned with course goals and national standards.

4.6.2 Students know the components of and criteria included in their grade, and the rationale for each.

#### **Middle School Inappropriate Practice**

4.6.1 Grades are based on athletic ability; a one-time fitness or skill test; on dressing requirements and attendance; or undefined measures of effort, participation and attitude.

4.6.2 Teachers use subjective measures (e.g., effort, participation and/or attitude) to assign grades.

#### **High School Appropriate Practice**

4.6.1 Grades are based on thoughtfully identified criteria that are aligned with course goals and national standards.

4.6.2 Students know the components of and criteria included in their grade, and the rationale behind each.

#### **High School Inappropriate Practice**

4.6.1 Grades are based on athletic ability, a one-time fitness or skill test, dressing requirements and attendance, or undefined measures of effort, participation and attitude.

4.6.2 Teachers use subjective measures (e.g., effort, participation and/or attitude) to assign grades.

### **1.7 Program Assessment**

#### **Elementary Appropriate Practice**

4.7.1 Data on student achievement are used to evaluate program effectiveness on a regular basis

#### **Elementary Inappropriate Practice**

4.7.1 Program evaluation is based solely on personal impressions.

#### **Middle School Appropriate Practice**



4.7.1 Data on student achievement are used to evaluate program effectiveness on a regular basis.

**Middle School Inappropriate Practice**

4.7.1 Program evaluation is based solely on personal impressions.

**High School Appropriate Practice**

4.7.1 Data on student achievement are used to evaluate program effectiveness on a regular basis.

**High School Inappropriate Practice**

1.7.1 Program evaluation is based solely on personal impressions.

**1.0 Professionalism  
1.1 Professional Growth**

**Elementary Appropriate Practice**

5.1.1 The teacher continually seeks new information to stay current (e.g., reads journals, attends conferences and in-services)

**Elementary Inappropriate Practice**

5.1.1 The teacher makes no effort to stay current.

**Middle School Appropriate Practice**

5.1.1 The teacher continually seeks new information to stay current (e.g., reads journals, attends conferences and in-services).

**Middle School Inappropriate Practice**

5.1.1 The teacher makes no effort to stay current.

**High School Appropriate Practice**

5.1.1 The teacher continually seeks new information to stay current (e.g., reads journals, attends conferences and in-services).

**High School Inappropriate Practice**

5.1.1 The teacher makes no effort to stay current.

**1.2 Professional Learning Community**

**Elementary Appropriate Practice**

5.2.1 The teacher is the physical activity expert in the school.

**Elementary Inappropriate Practice**

5.2.1 The teacher's behavior reinforces the perception that she/he is the "gym teacher" or

“coach” in the school, and all we do in physical education class is “play.”

#### **Middle School Appropriate Practice**

5.2.1 The teacher is the physical activity expert in the school.

#### **Middle School Inappropriate Practice**

5.2.1 The teacher’s behavior reinforces the perception that she/he is the “gym teacher” or “coach” in the school, and all we do in physical education class is “play.”

#### **High School Appropriate Practice**

5.2.1 The teacher is the physical activity expert in the school.

#### **High School Inappropriate Practice**

5.2.1 The teacher’s behavior reinforces the perception that she/he is the “gym teacher” or “coach” in the school, and all we do in physical education class is “play.”

### **1.3 Advocacy**

#### **Elementary Appropriate Practice**

5.3.1 The teacher informs parents/ guardians, administrators and the public regularly about the physical education program’s goals and activities.

5.3.2 The teacher helps create a school culture of physical activity.

#### **Elementary Inappropriate Practice**

5.3.1 The teacher does little to communicate with parents/guardians, administrators or policymakers concerning physical education’s objectives and goals or its importance to developing the whole child.

5.3.2 The teacher doesn’t promote the physical education program; therefore, it’s not a visible part of the school community.

#### **Middle School Appropriate Practice**

5.3.1 The teacher informs parents/ guardians, administrators and the public regularly about the physical education program’s goals and activities.

5.3.2 The teacher helps create a school culture of physical activity.

#### **Middle School Inappropriate Practice**

5.3.1 The teacher does little to communicate with parents/guardians, administrators or policymakers concerning physical education’s objectives and goals or its importance to developing the whole child.

5.3.2 The teacher doesn’t promote the physical education program; therefore, it’s not a visible part of the school community.

#### **High School Appropriate Practice**

5.3.1 The teacher informs parents/ guardians, administrators and the public regularly about the physical education program’s goals and activities.

5.3.2 The teacher helps create a school culture of physical activity.

### **High School Inappropriate Practice**

5.3.1 The teacher does little to communicate with parents/guardians, administrators or policymakers concerning physical education's objectives and goals or its importance to developing the whole child.

5.3.2 The teacher doesn't promote the physical education program; therefore, it's not a visible part of the school community.

## **Appendix H**

### **Center of Disease Control and Prevention's "Characteristics of Effective Health Education"**

An effective health education curriculum has the following characteristics, according to reviews of effective programs and curricula and experts in the field of health education:

1. **Focuses on clear health goals and related behavioral outcomes.** An effective curriculum has clear health-related goals and behavioral outcomes that are directly related to these goals. Instructional strategies and learning experiences are directly related to the behavioral outcomes.

2. **Is research-based and theory-driven.** An effective curriculum has instructional strategies and learning experiences built on theoretical approaches (for example, social cognitive theory and social inoculation theory) that have effectively influenced health-related behaviors among youth. The most promising curriculum goes beyond the cognitive level and addresses health determinants, social factors, attitudes, values, norms, and skills that influence specific health-related behaviors.
3. **Addresses individual values, attitudes, and beliefs.** An effective curriculum fosters attitudes, values, and beliefs that support positive health behaviors. It provides instructional strategies and learning experiences that motivate students to critically examine personal perspectives, thoughtfully consider new arguments that support health-promoting attitudes and values, and generate positive perceptions about protective behaviors and negative perceptions about risk behaviors.
4. **Addresses individual and group norms that support health-enhancing behaviors.** An effective curriculum provides instructional strategies and learning experiences to help students accurately assess the level of risk-taking behavior among their peers (for example, how many of their peers use illegal drugs), correct misperceptions of peer and social norms, emphasizes the value of good health, and reinforces health-enhancing attitudes and beliefs.
5. **Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.** An effective curriculum provides opportunities for students to validate positive health-promoting beliefs, intentions, and behaviors. It provides opportunities for students to assess their vulnerability to health problems, actual risk of engaging in harmful health behaviors, and exposure to unhealthy situations.
6. **Addresses social pressures and influences.** An effective curriculum provides opportunities for students to analyze personal and social pressures to engage in risky behaviors, such as media influence, peer pressure, and social barriers.
7. **Builds personal competence, social competence, and self-efficacy by addressing skills.** An effective curriculum builds essential skills—including communication, refusal, assessing accuracy of information, decision-making, planning and goal-setting, self-control, and self-management—that enable students to build their personal confidence, deal with social pressures, and avoid or reduce risk behaviors.

For each skill, students are guided through a series of developmental steps:

- a. Discussing the importance of the skill, its relevance, and relationship to other learned skills.
- b. Presenting steps for developing the skill.
- c. Modeling the skill.
- d. Practicing and rehearsing the skill using real life scenarios.
- e. Providing feedback and reinforcement.

8. **Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.** An effective curriculum provides accurate, reliable, and credible information for usable purposes so students can assess risk, clarify attitudes and beliefs, correct misperceptions about social norms, identify ways to avoid or minimize risky situations, examine internal and external influences, make behaviorally relevant decisions, and build personal and social competence. A curriculum that provides information for the sole purpose of improving knowledge of factual information will not change behavior.
9. **Uses strategies designed to personalize information and engage students.** An effective curriculum includes instructional strategies and learning experiences that are student-centered, interactive, and experiential (for example, group discussions, cooperative learning, problem solving, role playing, and peer-led activities). Learning experiences correspond with students' cognitive and emotional development, help them personalize information, and maintain their interest and motivation while accommodating diverse capabilities and learning styles. Instructional strategies and learning experiences include methods for
  - a. Addressing key health-related concepts.
  - b. Encouraging creative expression.
  - c. Sharing personal thoughts, feelings, and opinions.
  - d. Thoughtfully considering new arguments.
  - e. Developing critical thinking skills.
10. **Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials.** An effective curriculum addresses students' needs, interests, concerns, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Learning is relevant and applicable to students' daily lives. Concepts and skills are covered in a logical sequence.
11. **Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.** An effective curriculum has materials that are free of culturally biased information but includes information, activities, and examples that are inclusive of diverse cultures and lifestyles (such as gender, race, ethnicity, religion, age, physical/mental ability, appearance, and sexual orientation). Strategies promote values, attitudes, and behaviors that acknowledge the cultural diversity of students; optimize relevance to students from multiple cultures in the school community; strengthen students' skills necessary to engage in intercultural interactions; and build on the cultural resources of families and communities.
12. **Provides adequate time for instruction and learning.** An effective curriculum provides enough time to promote understanding of key health concepts and practice skills. Behavior change requires an intensive and sustained effort. A short-term or "one shot" curriculum, delivered for a few hours at one grade level, is generally insufficient to support the adoption and maintenance of healthy behaviors.

13. **Provides opportunities to reinforce skills and positive health behaviors.** An effective curriculum builds on previously learned concepts and skills and provides opportunities to reinforce health-promoting skills across health topics and grade levels. This can include incorporating more than one practice application of a skill, adding "skill booster" sessions at subsequent grade levels, or integrating skill application opportunities in other academic areas. A curriculum that addresses age-appropriate determinants of behavior across grade levels and reinforces and builds on learning is more likely to achieve longer-lasting results.
14. **Provides opportunities to make positive connections with influential others.** An effective curriculum links students to other influential persons who affirm and reinforce health promoting norms, attitudes, values, beliefs, and behaviors. Instructional strategies build on protective factors that promote healthy behaviors and enable students to avoid or reduce health risk behaviors by engaging peers, parents, families, and other positive adult role models in student learning.
15. **Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.** An effective curriculum is implemented by teachers who have a personal interest in promoting positive health behaviors, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies. Ongoing professional development and training is critical for helping teachers implement a new curriculum or implement strategies that require new skills in teaching or assessment.